MEDICAL AND HEALTH CARE SERVICES

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PURPOSE

To establish guidelines for reasonably prompt access to medical services for any inmate complaining of illness or injury.

POLICY

Any inmate in the custody of the San Diego Sheriff shall have quality and timely access to care for their medical, dental and mental health needs. The Responsible Health Authority (RHA) shall identify and eliminate any unreasonable barriers, intentional or unintentional, to inmates receiving health care.

PROCEDURE:

I. DEFINITIONS

A. Access to care - inmates are seen by a qualified healthcare provider, rendered a clinical judgement, and receive care that is ordered in a timely manner.

B. Responsible Health Authority (RHA) - is a designated individual or entity that is tasked with ensuring the organization and delivery of all health care in the facility. This can be a physician, health services administrator or agency.

C. Health Care - is the sum of all actions, preventative and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, nutrition and other ancillary services.

II. HEALTH CARE - Inmates must have access to health care services free from unreasonable barriers that deter them from seeking care for their health needs.

A. It is essential that inmates have access to care at all times either by:

1. The on-duty nursing staff;

2. A qualified healthcare provider (QHP) such as a physician, psychiatrist, registered nurse practitioner or physician assistant, who is physically present at the jail;

3. A QHP on call and available within a reasonable time; or

4. Transportation to the nearest hospital providing emergency department service.

B. Inmates shall not be punished for seeking care.
C. Inmates shall not be prevented from accessing necessary care due to lack of funding.

D. Utilization review will be processed objectively using evidence-based criteria within a reasonable time frame.

E. It is required that victims of sexual assault receive access to emergency medical and crisis intervention services as defined and mandated by the Prison Rape Elimination Act of 2003.

F. It is required that victims of sexual assault receive access to ongoing medical and mental health care, and abusers (if known) receive access to care as well.

G. Compliance with medical orders - it is essential there is careful compliance with the orders of doctors for patient care, medication, diet, hospitalization and/or the return of the inmate for further treatment. Final decisions rest with the detention facility contracted medical services provider.
PURPOSE

To provide direction to bureau personnel when responding to a request for medical information for inmates in the custody of the Sheriff.

POLICY

The Health Insurance Portability and Accounting Act of 1996 (HIPAA) outlines many detailed requirements protecting the confidentiality of health information and provides individuals significant rights with respect to this information. Compliance with this regulation is addressed in a series of Medical Services Division (MSD) policies and procedures, MSD.H.1 through MSD.H.10. The CA Civil Code Sections 56.53, Medical Information Act as well as the CA Privacy Act also protect individual’s right to privacy.

Bureau personnel shall not release health information to any individual or organization. All requests for health information must be directed to the chief of health information management (HIM) for release and accountability in accordance with federal and state laws.

This section is not intended to apply to subpoenas seeking medical records.

PROCEDURE

I. REQUESTS FOR MEDICAL INFORMATION

All requests for medical information shall be forwarded to the HIM unit at each facility for the appropriate release of information.

II. IDENTIFYING WHAT IS MEDICAL INFORMATION

The term “medical information” is not capable of a precise definition. Generally, the term “medical information” refers to information concerning an inmate-patient’s (I/P) internal or external body conditions that would be known only to the I/P, or to a medical professional treating that I/P. If there is a question as to whether certain information constitutes “medical information,” bureau personnel should err on the side of nondisclosure, and forward the request to the medical records unit.

A. The following examples are intended to provide an illustration as to what may constitute “medical information” that is subject to stringent state and federal statutes concerning medical privacy. These examples are not an exhaustive list of all information that could possibly be construed as medical information. Rather, they are intended to provide guidance as to the type of information that should not be disclosed.
1. The presence or absence of a disease. Examples:
   a. An I/P is HIV+
   b. Any psychiatric information
   c. Alcohol or drug usage

2. Bodily characteristics that are not discerned from ordinary observation. Examples:
   a. An I/P’s blood type
   b. An I/P’s DNA

3. The occurrence of a traumatic event. Examples:
   a. An I/P suffered a heart attack
   b. An I/P suffered a stroke
   c. An I/P suffered a broken bone

4. Details of any treatment, procedures, or tests, by a medical, dental, or mental health provider, including the prescription of any medication. Examples:
   a. An I/P is being tested for HIV+
   b. An I/P is being evaluated for a mental disorder
   c. An I/P has been prescribed any psychiatric medication(s)
   d. An I/P has been treated for alcohol or drug abuse

5. Pregnancy
   A female I/P’s pregnancy may be obvious at some point during her pregnancy. Nonetheless, bureau personnel may not disclose, confirm, or deny the fact of any pregnancy, even when it may be obvious to a casual observer.

B. The following examples are intended to provide an illustration of information that would not constitute "medical information", even though they may be indicative of a medical problem.

   1. An observed action or perception that was observed not in the course of providing medical treatment. Examples:
      a. An I/P is bleeding
      b. An I/P is walking with a limp
c. An I/P appears groggy

d. An I/P has thrown up

e. An I/P has bruises on his rib cage

2. An observed trauma to a person. Examples:

   a. An I/P was shot

   b. An I/P was beaten

   c. An I/P collapsed

   d. An I/P burnt himself

C. Bureau personnel should take care to understand the distinction between disclosing an observable trauma (which is permissible) and disclosing the effect of that observable trauma (which is not permissible). The distinction can be illustrated with the following examples:

   1. An I/P was beaten in an altercation is not medical information. That an I/P suffered a broken jaw and internal bleeding is medical information.

   2. An I/P collapsed is not medical information. That the I/P collapsed because he suffered a stroke is medical information.

   3. An I/P was shot in the leg is not medical information. That as a result, the I/P’s tendon was ruptured is medical information.

   4. An I/P fell out of his bed is not medical information. That the I/P broke his arm falling out of bed is medical information.
PURPOSE

To establish minimum standards for the contents and inspection of first aid kits in detention facilities.

POLICY

First aid kits will be available in designated areas of each detention facility. They are intended to be used in the absence of trained medical staff. All personnel covered by Penal Code Section 13518 must maintain current First Aid training.

PROCEDURE

I. Each facility commander shall ensure first aid kits are stored in areas that make them immediately available for staff to respond to inmates in their housing units and, when applicable, work sites. Each facility commander is responsible for ensuring the contents within the first aid kits are in accordance to the supply list attached to the outside of the kits. These supply lists are reviewed and approved annually by the chief medical officer (CMO), Medical Services Division.

II. First aid kits will be inspected monthly in conjunction with the monthly fire inspection (DSB Policy H.7) and contents replaced annually. The inspection should minimally include verification of the proper location of the kit and restocking as necessary and after each use.

III. First Aid Kit contents as recommended by the CMO, Medical Services Division:

A. 25 adhesive bandages (plastic)
B. 7 alcohol pads
C. 5 antiseptic towelettes
D. 2 finger tip bandages
E. 2 knuckle bandages
F. 8 non-adherent pads 2”X3”
G. 1 scissors
H. 1 tape
I. 1 triangular bandage
J. 3 pair of latex gloves
K. 8 sterile, wrapped 4”X4” pads
L. 1 Epi-pen (in select locations within the facility)
PURPOSE

To establish a process for the implementation of training, review of suicide prevention practices and suicide related incidents within Sheriff’s detention facilities.

POLICY

The San Diego Sheriff’s Department recognizes that suicide prevention is a collaborative effort of all employees regardless of professional discipline or job title. The Detention Services Bureau's goal is to combat inmate suicide through training and implementation of the Suicide Prevention and Focused Response (SPFR) team. Together the SPFR team and Medical Services Division (MSD) administrator shall implement a training curriculum pertaining to the mentally ill. Training will encompass identifying suicidal inmates as well as suicide intervention strategies. The SPFR team will also serve as auditors, by reviewing suicide prevention practices and suicide related incidents, to ensure compliance with policies, procedures and standards.

PROCEDURE:

I. SPFR CHAIRPERSON AND TEAM

A. The DSB Captain designated by DSB Command will serve as the chairperson of the SPFR team.

B. The Detention Services Bureau (DSB) Policy and Procedure Committee members from the following will serve on the SPFR team: Division of Inspectional Services, Jail Population Management Unit, Detention In-Service Training Unit (DTU), Reentry Services Division, Detention Support Division, and MSD.

C. The Liberty Health Program Director or designee, as appointed by the SPFR chairperson, will also serve on the SPFR team.

D. The SPFR team chairperson may request individuals from other bureaus or units (e.g., Detention Investigations Unit, Homicide, Sheriff's Legal Counsel, etc.) attend SPFR meetings.

II. RESPONSIBILITIES

A. The SPFR team will meet on a monthly basis, or as needed, to discuss current information related to suicide prevention and or inmate suicides with the intent to collaboratively identify best practices for implementation via policies and procedures. As auditors, the SPFR team will accomplish the following:
1. Ensure compliance of all Department and Bureau policies and procedures related to suicide prevention and response.

2. Review Inmate Safety Program (ISP) procedures to ensure they are being carried out consistently.

3. Track all incidents of self-harm and attempted suicide; review all serious suicide attempts (defined as incidents of self-harm and/or attempted suicide that result in medical treatment outside of the jail facility) and suicides.

4. Evaluate medical procedures performed (e.g., Cardiopulmonary Resuscitation [CPR], etc.) as well as cell entry and cut-down procedures to ensure Department and National Commission on Correctional Health Care (NCCHC) standards were met.

5. Ensure all required documentation for suicide death reporting is reviewed within 30 days in adherence with NCCHC standards.

B. In identifying the need for training, the SPFR team will revise and or implement training related to the mentally ill, suicide prevention and response topics. Training will be accomplished in collaboration with DTU and the Medical Training Unit.

C. The review of incidents or recommendations, resulting from the Critical Incident Review Board, may prompt the need to review operational practices. In collaboration with the DSB Policy and Procedure Committee, the SPFR team will accomplish the following:

1. Revise policies and procedures related to suicide prevention and response to ensure compliance with national standards.

2. Draft, revise, review, track and finalize policies and procedures, as assigned by the SPFR chairperson.

D. Any written reports prepared by the SPFR team or its members shall be presented at a Medical Review meeting pursuant to MSD P&P Section D.1 and DSB P&P Section M.7, or to the Critical Incident Review Board.
PURPOSE

To provide guidelines for response to medical emergencies.

POLICY

All facility staff shall be responsible for taking appropriate action in recognizing, reporting or responding to an inmate’s emergency medical needs. In any situation requiring medical response, emergency medical care shall be provided with efficiency and speed without compromising security.

If the inmate’s condition is believed to be life threatening, sworn staff shall immediately notify on duty medical personnel and provide basic life support (BLS) and/or first aid care.

An inmate may not refuse to be transported to an emergency department (ED) if deemed necessary by medical personnel and/or sworn staff. Refusal of treatment against medical advice (AMA) must take place at the emergency department.

Inmates identified as being a victim of sexual assault while incarcerated will receive timely access to emergency medical and crisis intervention services at no cost to the inmate/patient.

PROCEDURE

I. INMATE OCCURRENCE

A. If the inmate is in a housing unit, proper security measures shall be taken prior to entry by the medical staff and/or responding deputies, i.e. locking down inmates, sufficient number of security staff standing by, etc.

B. When the severity of the medical emergency requires it, and as soon as it is safe to do so (unless death is obvious, such as decapitation, obvious rigor mortis, etc.), deputies acting as first responders, will provide basic life support and first aid. Upon arrival, facility medical staff will assess the severity of the patient’s injury/distress, provide first aid, and may assist or take over CPR responsibilities as directed and/or needed.

C. When possible, the deputy shall give the inmate’s name, booking number and observable symptoms when notifying medical staff of a medical emergency.

D. After responding to the scene of a medical emergency, the medical staff may request the inmate be transported to the dispensary if it would not breach security. Sworn staff will provide security during transport to the dispensary.
E. Any sworn staff, medical doctor, registered nurse, or licensed vocational nurse shall have the authority to call 911 or other medical transportation for any medical condition they deem necessary.

II. TRANSPORTATION

A. Medical staff shall complete the required documentation for medical transportation of inmates to the ED, medical sick call in another facility or other locations as recommended by medical personnel (e.g., San Diego County Psychiatric Hospital, Emergency Psychiatric Unit, etc.).

B. Inmates with minor injuries, who require medical intervention at an ED, may be transported via department vehicle if the inmate does not require medical observation during transport.

C. Inmates in need of medical attention or monitoring, who are housed in a detention facility that does not have 24-hour nursing services, may be transported via department vehicle to a detention facility where 24-hour nursing services are available. Sworn staff must first consult with the receiving facility's medical personnel to obtain authorization or further direction.

D. The emergency transport team (e.g., paramedic team (911), emergency medical technicians (EMT), etc.) shall transport inmates to a county contracted ED whenever possible. The emergency transport team will assess the inmate's condition and determine if the inmate is to be transported to the closest ED. A deputy shall accompany the inmate to the appropriate ED by either:

1. Riding inside the emergency vehicle.
2. Following the emergency vehicle in a facility assigned vehicle.

E. If the inmate is to be admitted as an inpatient to the hospital, the deputy shall notify the watch commander, who shall in turn notify the medical staff (refer to DSB P&P section I.45 for inmate hospitalization procedures). In the event the inmate is admitted to a non-contracted hospital, medical services will facilitate transfer to the contracted hospital when the inmate's condition is rendered stable by the treating physician.

F. If the inmate is admitted, medical staff shall notify the medical administration and the medical services supervising case manager.

G. At booking facilities, when the inmate has not returned to the facility by the end of the shift, the charge nurse shall contact the hospital to determine if the inmate was or shall be admitted and relay information to the appropriate medical staff.

H. When an inmate is admitted to a hospital for treatment of a serious illness or injury, the watch commander shall:

1. Obtain the name, relation, address and phone number of the emergency contact person from the detention facility booking and property record.
2. Determine, if possible, whether or not the inmate wishes the emergency contact person be notified of his/her illness or injury.

3. If desired by the inmate, notify the emergency contact person of the inmate’s illness or injury.

4. In situations where the wishes of the inmate cannot be determined due to the severity of the illness or injury, contact shall be made.

I. If the inmate's death is imminent or likely, the watch commander or his/her designee shall notify the Communication Center (CC) watch commander and request that the CC notify the on-call homicide team supervisor to contact the facility. The homicide team supervisor will be given a brief on the incident and extent of injuries to the inmate. The homicide supervisor will determine if a response is warranted or waive at that time.

J. All inmates transported for medical evaluation to an ED must stay until a medical decision is made regarding their care and treatment, unless they refuse treatment. In these instances, ED personnel will require the inmate to sign forms noting that they are refusing treatment and leaving AMA.

K. If the inmate returns to the facility from the ED, a copy of the Discharge Summary (J-232B form) indicating treatment provided and treatment recommendations shall accompany the inmate.

L. The transporting deputy shall notify the intake/screening nurse or charge/desk nurse when the inmate has returned to the facility. The nurse shall do an assessment and determine the appropriate medical classification for the inmate. If there is a physician in the facility, he/she shall be notified.

III. NON-INMATE OCCURRENCE

A. Medical staff may only provide first aid care or BLS to persons other than inmates.

B. Upon notification, medical staff shall respond to all medical emergencies occurring within the facility, to include areas accessed by the public within the facility.

C. Sworn and professional personnel have the authority to call 911 or other medical transportation for medical situations they deem necessary.

D. Employees experiencing an occupational injury or illness shall report it to their immediate supervisor (refer to Department P&P Section 3.16 for further procedures).

E. Visitors not requiring 911 interventions shall be referred to their private physician.

F. Medical staff shall give a verbal report to the on-duty watch commander and facility supervising nurse summarizing the incident and actions rendered, followed with a notation in the end of shift report.
PURPOSE

To provide procedures when responding to a life threatening “code blue” medical emergency for inmates, staff, and/or visitors within the detention facilities.

POLICY

Any life-threatening medical emergency shall trigger a 911 request for a paramedic emergency response team.

PROCEDURE

I. CODE BLUE

A code blue is generally used to indicate the need for resuscitation or immediate medical attention. This includes, but is not limited to cardiac arrest, respiratory arrest and trauma emergencies.

Personnel responding to a code blue incident shall:

A. Sworn Staff:

1. Assess the victim’s condition.

2. Without leaving the victim, immediately call for help via radio or any other means of communication to notify medical staff and/or request the activation of emergency medical services (911). Provide the location, victim status (e.g., breathing, pulse) and nature of any injury if known.

3. If opioid overdose is suspected, initiate naloxone administration as outlined in Section II.

4. Start cardiopulmonary resuscitation (CPR) as needed using a barrier device (e.g. PAM mask, pocket mask). Additional resuscitative equipment will be provided by the Medical Services Division (MSD) staff. MSD staff will determine the appropriateness of utilizing additional emergency equipment including, but not limited to, the Automated External Defibrillator (AED).

5. Switch to two-person CPR if additional help has arrived after the above notifications have been made. Continue CPR until relieved by MSD staff or the paramedic emergency response team.
6. Provide the watch commander with a brief description of the incident.

B. MSD Staff:

1. Respond to the scene with the appropriate emergency equipment.

2. Assess the situation immediately.

3. Manage the emergency response and monitor the victim's status continuously.

4. Delegate as necessary. In addition to sworn staff, medical staff including any physician (MD), registered nurse practitioner (RNP), registered nurse (RN) or licensed vocational nurse (LVN) shall have the authority to call 911 or other medical transport for any medical condition they deem necessary. If medical staff calls 911, notification shall be made to the watch commander or designee.

5. Document sequence of events.

6. If there is a MD or mid-level provider (e.g., RNP) in the facility, they shall be called to the scene.

7. When the paramedic emergency response team arrives, the MSD staff member will provide information regarding the scene, emergency medical care provided and any medical history obtained. The MSD staff member will then relinquish care to the paramedic emergency response team.

NOTE: The paramedic emergency response team is required by law to transport to the nearest acute care emergency department.

II. SUSPECTED OPIOID OVERDOSE AND NALOXONE

A. An opioid overdose requires immediate medical attention. The most common signs of overdose include the following:

1. Extreme sleepiness or unresponsiveness.

2. Breathing problems that can range from slow to absent breathing.

3. Fingernails and/or lips turning blue/purple.

4. Extremely small "pinpoint" pupils.

5. Slow heartbeat and/or low blood pressure.

B. Naloxone should be administered to any inmate who presents with signs of opioid overdose or when opioid overdose is suspected. When administering naloxone, staff shall:

1. Maintain universal precautions against blood borne pathogens.
2. Inform responding medical personnel that naloxone was administered and the number of doses used.

3. Appropriately dispose of the naloxone applicator.

4. Notify the naloxone coordinator of the naloxone administration.

C. Naloxone is a controlled substance and as such must be monitored. Deputies shall account for the naloxone kits at the beginning of each shift and make an entry in the Jail Information Management System (JIMS). Deputies will select NLX-Naloxone from the drop-down menu of the Area Activity in JIMS. At the beginning of each shift, the watch commander will make an entry in the Watch Commander’s Log indicating all naloxone kits were accounted for. Missing or damaged naloxone kits will be reported to the naloxone coordinator.

D. Each facility/unit will outline, via a green sheet, the naloxone coordinator for their facility/unit and the location of each naloxone kit. The naloxone coordinator will be responsible for tracking, ordering and replacing naloxone products. All naloxone products have an expiration date. The naloxone coordinator will conduct a monthly inspection of all naloxone kits to check the expiration date and obtain replacement naloxone as needed.

III. DOCUMENTATION

A. Naloxone administration by either sworn or medical staff will be documented by a sworn staff member on a JIMS Inmate Status Report (ISR) using NLX-Naloxone as the Incident Type Code. The narrative will contain a synopsis of the incident, indicate the staff who administered the naloxone, the number of doses administered and the NetRMS case number (if applicable).

B. Naloxone administration by sworn staff will also require the completion of a Naloxone Usage Report (SO-195) form and a NetRMS case report to track law enforcement's use of naloxone. The SO-195 form will be included as an attachment to a miscellaneous NetRMS report (unless a specific crime/incident report is warranted). The NetRMS report should include the Special Studies drop-down, "NRI – Naloxone Related Event."

C. Sworn staff involved in the naloxone administration should coordinate with the Detentions Investigation Unit (DIU) to follow-up on any possible investigations and/or crime/incident reports related to the suspected drug overdose that prompted the use of naloxone.
PURPOSE

To provide direction to bureau personnel who are responding to, and reporting, inmate deaths; and to delineate a mechanism to ensure there is a medical review of every in-custody inmate death.

POLICY

Absent rigor mortis or post mortem lividity, all inmates with a potential for resuscitation shall be transported to the emergency room of the nearest hospital. When an inmate has been declared deceased by a physician the following procedure shall be used:

PROCEDURE

I. The watch commander, or his/her designee, shall notify appropriate department personnel as soon as possible:

   A. Communication Center watch commander and request they notify:
      1. The on-call Homicide team supervisor of all inmate deaths
      2. Division of Inspectional Services (DIS)
      3. Sheriff’s legal advisor
      4. District Attorney—Special Operations Division
      5. The DSA attorney

   B. Detention Investigations Unit (DIU) supervisor

   C. Facility commander

   D. Bureau commander

   E. Assistant Sheriff

   F. Detention processing supervisor (DPS)

II. OTHER NOTIFICATIONS

   A. The Medical Examiner is notified by the Sheriff's Homicide Division.
The Medical Examiner will then notify the decedent’s family of the inmate’s death. If a family member calls to inquire about the status of a recently deceased inmate, the watch commander should take down the caller’s personal information (name, relationship, and call back number). The watch commander shall contact the Medical Examiner’s office and determine if the next of kin has been notified of the death. If the family has not yet been notified, the Medical Examiner will return the call. If the family has already received notification, the watch commander will call the family member back and provide information.

B. The Attorney General is also notified by the Sheriff’s Homicide Division in accordance with Government Code Section 12525.

C. Additional notifications are made by the DPS - see Section VI.D of this policy for details.

D. Consular Corps Liaison deputy (if inmate is determined to be a foreign national)

III. In the event of an inmate death the watch commander shall ensure that Sheriff’s Homicide Division is notified, via the Communications Center, per Section 6.61 of the Sheriff’s Policy and Procedures Manual. Detention staff will respond to the event as outlined in Department Policy Section 6.33—Major Crimes, Primary Responders. The detention facility staff shall immediately:

A. Identify and separate witnesses and possible suspects. Staff shall not interrogate witnesses or potential suspects beyond asking preliminary questions (e.g., "What happened?") needed to form a basic understanding of the event that transpired. It shall be the responsibility of the homicide investigators (not jail staff) to determine whether to give a Miranda warning to an inmate. Any spontaneous statements made by witnesses or potential suspects must be documented and reported to homicide investigators.

B. Preserve the scene and physical evidence until homicide investigators arrive. Facility staff shall restrict access to the scene, as any staff person that enters will be required to complete a report documenting their activities.

C. The shift supervisor shall designate a deputy to complete the crime/incident report. Unless otherwise directed by homicide. Reports are due in final form prior to the end of shift.

D. The shift supervisor will contact the DPS at the facility, to ensure complete copies are made of the inmate’s records (e.g., custody record, JIMS reports) and provided to the homicide investigators. Note: the chief of medical records will provide copies of the inmate's medical record the next working day. Two copies of all records will be provided to homicide, one copy to DIU and one copy to DIS.

IV. An “Inmate Death Notification Checklist” shall be completed by the watch commander and given to Homicide, along with the original crime/incident report and any associated deputy reports.
V. REVIEW OF INMATE DEATH

A. A mortality review shall be held after all autopsy and other pertinent reports have been received to discuss findings with DSB facility command staff, Sheriff’s legal counsel, and medical services administration. As appropriate, the detention facility supervising nurse, chief mental health clinician and other staff who are relevant to the incident, as deemed appropriate by the medical services administrator, shall also be included.

B. The Sheriff’s medical services administrator, in consultation with the chief medical officer, is responsible for reviewing all in-custody deaths, inmate suicide, as well as morbidity reviews of any serious suicide attempts (defined as necessitating medical treatment outside the facility) within 30 days. Reviews should include:

1. Review of the circumstances surrounding the incident,
2. Review of procedures relevant to the incident,
3. Review of all relevant training received by involved staff,
4. Review of pertinent medical and mental health services/reports involving the victim,
5. Review of any possible precipitating factors that may have caused the victim to commit suicide or suffer a serious suicide attempt,
6. Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

The Chief Medical Officer will present a verbal summary of the findings to the affected facility manager and Detention Services Bureau (DSB) command staff. The Chief Mental Health Officer or designee will also present findings on suicides.

C. The Critical Incident Review Board (CIRB) will also conduct a review of all in custody deaths, other than natural causes. The CIRB will carefully review in custody deaths from multiple perspectives, including training, tactics, policies, and procedures with the ultimate goal of identifying problem areas and recommending remedial actions (Department P&P 4.23). If applicable, CIRB will make recommendations to the Suicide Prevention and Focused Response Team.

VI. PROCEDURES FOR DETENTION PROCESSING SUPERVISOR

A. The following information will be entered in the supervisor’s logbook:

1. Inmate’s full name and booking number.
2. Time of death (watch commander or designee will provide).

B. The DPS shall ensure the inmate’s custody record, along with the personal and bulk property bags, are removed from their respective locations and placed in the DPS’s
office. They shall also retrieve cash in the amount of the inmate’s balance. No one shall access or disrupt the contents of these items. The property and money will only be released to a member of the homicide team or DIU.

Homicide will only take possession of the property and money if it is deemed to have evidentiary value. Otherwise, a DIU investigator will take possession of these items. The investigator will inventory these items, along with the inmate’s module property, and release them to Medical Examiner staff that arrives to take possession of the body.

If the property cannot be transferred to Medical Examiner staff at that time, the investigator will complete a “found property” report on the property. They will contact the Medical Examiner’s office to schedule a time for release of the property to the Medical Examiner.

The homicide or detention investigator shall sign the final release section of the booking sheet when they take possession of the inmate’s property.

C. Computer Updates

1. Place the inmate into temporary release status.

2. Until the homicide or detention investigator signs the final release section, and takes possession of the inmate’s property and money, the booking will remain open.

3. In the Jail Information Management System (JIMS) Maintenance Notes section write “deceased,” and note the date and time the inmate was pronounced dead.

4. Once the homicide or detention investigator takes possession of, and signs for the inmate’s property and money, return the inmate booking to “IN” status. The record will be closed using the release type DIED and the custody record forwarded to the Sheriff’s Records and Identification Division.

D. Notifications: The day shift DPS will notify:

1. The court of jurisdiction, via the telephone, and follow-up with a letter, Notification of Deceased Inmate form (J-97 form).

2. Sheriff’s Records and Identification Division by faxing the notification letter to (858) 974-2123.

3. The letter will be carbon copied to the arresting agency on un-sentenced inmates, and to the California Department of Corrections and Rehabilitation (CDCR) if the decedent is a state prisoner. A copy of the notification letter will be placed in the inmate’s custody record.

4. If the arresting agency is the San Diego Police Department, the letter will be mailed to:
5. If the arresting agency is the San Diego County Sheriff’s Department (SDSD), the letter will be sent to the DIU supervisor at Mail Stop C24. They will be responsible for notifying the affected SDSD division/command, and forwarding the letter to them.

6. If the decedent is a state prisoner (either a contract body, has a 3056 P.C. hold, or a detainer), a copy of the letter will be sent to CDCR at the following address:

   Case Records South Supervisor
   9160 Cleveland Avenue, Suite 101
   Rancho Cucamonga, CA 91730

   Along with sending the letter, if the decedent is a state prisoner with a detainer, the DPS or his/her designee will notify the Richard J. Donovan watch commander at (619) 661-7888 or the watch sergeant at (619) 661-7889.

7. For all other local agencies, the letter will be mailed to the watch commander at the agency’s mailing address.

(See Page 6 of 6 for the “Inmate Death Notification Checklist”)

SDPD Watch Commander’s Office (MS702)
1401 Broadway
San Diego, CA 92101-5729
INMATE DEATH NOTIFICATION CHECKLIST

WATCH COMMANDER: ________________________  DATE: __________________
TIME NOTIFIED: __________________          NOTIFIED BY: __________________

INMATE NAME: ______________________________  BOOKING NUMBER: ________________
LOCATION OF INCIDENT: __________________________________________________________

I.  Deputy’s checklist

A. Medical staff/paramedics  Time: ______
B. Shift supervisor notified  Time: ______
C. Seal the area, preserve scene and evidence  Time: ______
D. Identify, separate and interview witnesses  Time: ______
E. Identify, separate and detain possible suspects  Time: ______
F. Homicide on scene  Time: ______
G. Detentions Investigations Unit on scene  Time: ______

II.  Watch commander or designee's checklist

A. Communications Center watch commander notified (Request they contact the on-call Homicide supervisor, Division of Inspectional Services [DIS], Sheriff’s Legal Advisor, District Attorney and DSA Attorney.).  Time: ______
B. Detentions Investigations Unit (DIU) supervisor notified  Time: ______
C. Facility commander notified  Time: ______
D. Bureau commander notified  Time: ______
E. Assistant sheriff notified  Time: ______
F. Detention processing supervisor notified (request copies of the inmate's custody record and JIMS record [2 copies will be given to Homicide, 1 copy to DIU and 1 copy to DIS]).  Time: ______
*NOTE: the Chief of Medical Records will provide copies of the inmate's medical record the next working day.
G. Medical Examiner notified  at Homicide's request only  Time: ______
H. Attorney General notified  at Homicide’s request only  Time: ______
I. Consular Corps Liaison Deputy (if inmate is a foreign national)  Time: ______
J. Crime Report and required Deputies Reports requested  Time: ______
K. Court of jurisdiction notified  Time: ______

NOTE: Notification of the Undersheriff and the Sheriff shall be at the discretion of the Assistant Sheriff.
PURPOSE

To establish uniform procedures in assessing the medical needs of arrestees during the intake/booking process.

POLICY

All arrestees presented by arresting agencies shall be medically screened prior to acceptance for booking at a Sheriff’s detention facility. Arrestees who require urgent and immediate medical care shall not be accepted for booking.

DEFINITIONS

Medical Clearance – a documented clinical assessment of medical, dental and mental status before an individual is admitted into the facility. The medical clearance may come from on-site health staff or may require sending the individual to a hospital's emergency department (ED).

Receiving screening – a process of structured inquiry and observation intended to identify potential emergency situations among new arrestees, and to identify inmates with known illnesses and those on medications, for further assessment and continued treatment.

PROCEDURE

I. RECEIVING SCREENING

A. The registered nurse (RN) assigned to receiving screening will complete a comprehensive assessment of the medical, dental and mental health needs of the arrestee and record the responses in the inmates' health record.

B. Medically unstable arrestees presenting signs of psychosis may be refused based on the RN’s assessment. Arrestees who are severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention will be referred immediately for further evaluation, treatment and/or medical clearance at an ED (refer to Medical Services Division (MSD) Policy and Procedure E.2.1 for further details).
C. Arreestees who arrive at receiving screening after being tased at the time of arrest, or confined in a restraint chair, maximum restraints or the WRAP device, shall be clinically assessed by the RN who will determine if the arrestedee will be medically cleared for acceptance into the detention facility.

D. Arrestees can return from the hospital with medical clearance paperwork and still be secured in a restraint chair, maximum restraints or the WRAP device. Nursing discretion and a clinical assessment will determine if the arrestedee will be allowed admittance into the detention facility at that time.

E. If an arrestedee has been subjected to a restraint device, is combative or in such a state of intoxication or drug influence they cannot stand or walk on their own, the arrestedee should remain in the arresting officer's (AO) vehicle (preferably in the recovery position) and monitored by the AO until the RN is ready to conduct a nursing assessment. Upon notification, the RN will respond to the vehicle sally port. The AO shall remove the arrestedee from the vehicle in order for a nursing assessment to be conducted for clearance into the detention facility. Nursing staff will not conduct a nursing assessment while an arrestedee is inside of a vehicle. Nursing staff will generally reject arrestedees who are unable to ambulate into the detention facility on their own due to intoxication, drug influence or other acute medical condition.

F. Arrestees exhibiting signs of excited delirium, drug/alcohol overdose or other medical emergencies will be subject to refusal by the RN. In the event of a life-threatening emergency, 911 will be called.

G. Arrestees who have an immediate/emergent medical need, as determined by the RN, will be refused and sent to the ED for medical clearance.

H. The watch commander will have the overall authority to accept or reject an arrestedee after the arrestedee has been evaluated by medical staff.

I. The receiving screening RN will notify Inmate Processing Division (IPD) staff of an intake refusal. IPD staff will release the arrestedee from custody in the Jail Information Management System (JIMS) utilizing the disposition, "Not Fit For Jail" (NFFJ).

J. Arrestees who have refused treatment against medical advice (AMA) at the ED may be returned to the detention facility accompanied by a treatment refusal form from the ED signed by the arrestedee and witnessed by an ED physician or nurse.

K. Any arrestedee who is accepted into the detention facility after refusing treatment AMA at the ED will require expedited booking and may require placement in the detention facility’s medical observation beds (MOB) housing.

L. Arrestees confined in or needing the use of a wheelchair will only be accepted for booking at the San Diego Central Jail (SDCJ) or Las Colinas Detention and Reentry Facility (LCDRF). Nursing staff will refuse arrestedees at the Vista Detention Facility (VDF) and advise the AO to transport the arrestedee to SDCJ or LCDRF.
M. Acceptance for booking will be indicated on the Booking Intake/Personal Property Inventory (J-15) form with a "Medical Cleared" stamp.

Arrestees in need of further evaluation or urgent medical care will have a red wristband reading "Clinically Indicated Assessment" placed on their right wrist by the RN. The RN will stamp "2nd Stage Medical" and staple an "Expedite" slip on the J-15 form. The RN will communicate to sworn staff how quickly the inmate must be taken to 2nd stage medical. Inmates requiring evaluation at 2nd stage medical will be seen no later than four hours from the time the RN stamped the J-15 form. Medical staff will remove the red wristband once the assessment is complete. The inmate may continue through the booking process with sworn staff, taking into consideration any recommendations given by medical staff.

Inmates who have been identified as potentially at risk for self-harm will have a pink wristband reading "ISP" placed on their right wrist by the RN. The RN will staple an "ISP Eval" slip to the J-15 form. The RN will refer the inmate to the gatekeeper for further evaluation. Sworn staff working intake will be notified immediately by the RN of the need for evaluation by the gatekeeper. The pink wristband will be removed by sworn or medical staff after the inmate is cleared by the gatekeeper or placed into the Inmate Safety Program (ISP).

Each facility will detail specific processes for "Clinically Indicated Assessment" and "ISP Eval" inmates in a green sheet. Refer to MSD Policy and Procedure E.2.1 and Detention Services Bureau Policies and Procedures (DSB P&P) J.5 for additional information regarding nursing assessment protocols and assessments for ISP housing.

N. Any prescription medications brought in by an inmate will be put into their property in a separate property bag after the medications are reviewed and inventoried by the RN. Certain types of medications may be allowed into the detention facility with prior approval from medical staff.

O. Patient flags (e.g., lower bunk, lower tier, precautions and chronic diseases, etc.) will be entered in the inmate's health record.

P. Medically indicated equipment and or accommodations (e.g., wheelchairs, canes, crutches, oxygen, prosthetic appliances, prescription eyewear and hearing aids) will be evaluated by medical staff for the necessity to retain for use by the inmate during confinement. Medical staff will add the applicable patient flag in the inmate's health record, to include "ADA Mobility" (ADM). All inmates who are identified as requiring the aforementioned equipment will be housed by JPMU in a facility with appropriate accommodations.

Q. Developmentally disabled inmates will be identified and reported to the San Diego Regional Center’s developmental disability intake office the next business day. All arrestees who are identified as clients of the San Diego Regional Center will have the administrative alert “RCC” applied and will be housed accordingly.

R. All inmates who have been screened and determined to be disabled must be reasonably accommodated. Medical staff shall enter medical instructions into the inmate's health
record. The MSD "ADA" case manager or designee will routinely review the medical
instructions entered in the inmate's health record and make additional referrals as
needed for further evaluation of accommodation and/or housing in compliance with
DSB.P&P M.39.

S. Any inmate who, through a review of medical history or physical examination, presents
the possibility of communicable disease, will be seen immediately and their treatment
needs, appropriate housing and/or referral to a physician will be initiated in compliance
with DSB P&P M.37.

T. An arrestee who advises the RN they have been a victim of sexual assault during a
previous incarceration will be referred to a Qualified Mental Health Provider (QMHP)
for appropriate intervention and to JPMU staff to determine housing needs.

U. An inmate with a medical condition(s) who cannot be treated within the limitations of
the detention facility will be transported to a contract hospital for diagnosis and
treatment in order to provide the level of care available in the community.

II. SEXUAL ASSAULTS OCCURRING IN THE COMMUNITY

Medical and mental health staff shall obtain informed consent from the inmate before reporting
information about prior sexual victimization that did not occur in an institutional setting and
will provide the inmate with a PREA Incident Consent Form (J-316).

A. The inmate may choose to not report the sexual victimization in the community to
sworn staff. If this option is chosen, the following shall occur:

1. The J-316 form shall be completed and filed according to the distribution.

2. Sworn staff will complete an incident report in JIMS, utilizing the incident type
"PREA," to document completion of the J-316 form and will include the inmate
has declined to report sexual victimization in the community.

3. Sworn staff will notify the watch commander and JPMU of the incident.

4. The watch commander or designee will be responsible for reviewing and
approving PREA incident reports in JIMS.

B. The inmate may choose to give consent for medical staff to share information related to
sexual victimization in the community with sworn staff. If the inmate chooses to report
the incident, sworn staff will follow procedures outlined in DSB P&P F.16.
PURPOSE

To set forth the procedures to be followed when an inmate requests treatment by a private physician, psychiatrist or dentist, pursuant to Penal Code § 4023.

POLICY

Pursuant to Penal Code § 4023, inmates may receive medical treatment from a private physician of their choice, at their own expense. Sheriff’s Medical Services Division further defines medical treatment as medical, psychiatric or dental. All such requests for private medical treatment are subject to the approval of the command staff and the availability of resources needed to safely effect such requests.

PROCEDURE

I. GENERAL

A. An inmate may request treatment from a private physician, psychiatrist or dentist. However, the Sheriff's Department shall take no part in requesting, referring or arranging private treatment (except as specified in subsection II(G)).

B. Inquiries from physicians, psychiatrists or dentists, regarding inmates, shall be referred directly to the Sheriff's chief medical officer (CMO), or designee. Private medical examinations may not occur within the Sheriff’s Detentions medical units without approval by the Sheriff's CMO.

C. Examinations of inmates with current military status, by military physicians, shall be conducted after prior contact with the Sheriff's CMO or designee.

D. Orders and treatment recommendations by a private physician, psychiatrist or dentist are subject to the approval of the Sheriff's CMO or designee.

E. The decision to allow a medical professional into the facility for purpose of providing privately-paid medical care to an inmate must be approved by the facility commander and the DSB Commander with authority over the facility.

F. The decision to transport an inmate to an outside treatment facility for the purpose of providing privately-paid medical care to an inmate must be approved by the facility commander, the DSB Commander with authority over the facility, and the DSB Area 2 Commander. In addition, if it is determined that transport requires personnel from SED, or any other personnel from the Law Enforcement Services Bureau (LESB) to assist with the transport, then the decision to transport must also be approved by the LESB Assistant Sheriff.
II. OUTSIDE FACILITY TREATMENT

A. An inmate seeking to be transported to a facility outside the jail for purpose of obtaining private medical, psychiatric or dental treatment must make a request in writing to the facility commander. The request shall include the following information:

1. The nature of the medical, psychiatric or dental problem.
2. The name and address of the desired physician, psychiatrist or dentist and the treatment facility.
3. Written evidence that the physician has agreed to privately treat the inmate (this can be in the form of a letter from the physician).
4. The reason for not wanting to be treated by the detention facility physician, psychiatrist or dentist.

B. The request shall be forwarded to the facility commander (or designee), who will transmit the request to the Sheriff's CMO.

C. The Sheriff's CMO or his designee shall review the request and determine that the physician is licensed in the State of California. The Sheriff's CMO or designee shall then inform the inmate, in writing, that the service provided by the private physician, psychiatrist, or dentist is at the inmate’s own expense.

1. Medical Services or the Case Manager will confirm that the inmate is a patient of the private physician, psychiatrist or dentist.
2. Medical Services or the Case Manager will confirm that the physician, psychiatrist or dentist is willing to see the inmate with the understanding that payment for the appointment(s) is the responsibility of the inmate, not the Sheriff’s Department.

D. If the CMO approves the request, the request shall be forwarded to the facility commander for review, and forwarded through the chain of command as described in Sections I(E) and I(F). The request, along with the Command staff’s decision, will then be returned to the facility commander to be transmitted to the inmate. If the request is approved, the facility commander shall ensure that the inmate is told that he/she must obtain the approval of a judge of the Superior Court, including approval of the treatment facility.

E. Once the facility commander is notified that the court has approved the request for transport, the facility commander will notify Financial Services, who will complete a Transportation of Inmates for Outside Services form (J-153) in conjunction with Prisoner Transportation Detail.

The Prisoner Transportation Detail Lieutenant or designee shall determine the number of deputies needed to ensure appropriate safety and security for transportation, as well as the appointment. If necessary, the Special Enforcement Detail (SED) shall be contacted to
handle the detail. If SED is contacted, they will determine the number of staff required to complete the detail.

Financial Services shall forward the completed J-153 form to the inmate or his/her legal counsel, along with a copy of this Policy and Procedures section.

F. Costs shall be paid as follows:

1. Transportation/security costs shall be paid by cash, check or money order in advance. Prepayments shall be made based on the Sheriff’s Financial Service’s estimate of the costs involved.

2. Funds may be removed from an inmate’s account with a properly prepared Authorization for Cash Disbursement form prepared in the detention facility and signed by the inmate. Detention Accounting shall then issue a check payable to the County of San Diego.

3. All prepaid proceeds are to be sent to the Sheriff’s Financial Services Division for deposit to the Sheriff’s Trust Fund pending the completion of services.

4. After the return of form J-153, any balance or unused portion of a prepayment shall be returned to the individual making the payment via a trust fund requisition drawn on the Sheriff’s Trust fund. The earned portion of the prepaid revenue shall be transferred to the general fund as revenue for the Sheriff’s Department.

G. The duties of the Prisoner Transportation Detail shall be as follows:

1. The Prisoner Transportation Detail shall schedule the appointment with the private physician only after Financial Services has confirmed that proper financial arrangements have been made.

2. The Prisoner Transportation Detail will obtain, from Legal Affairs, a form to be signed by the medical services provider acknowledging that the inmate, and not the Sheriff or the County, is responsible for payment for services. The Lieutenant over Prisoner Transportation shall consult with Legal Affairs to determine if any additional releases, waivers, or acknowledgements should be obtained before the transport takes place.

3. When scheduling the appointment with the private physician, psychiatrist or dentist, the Prisoner Transportation Detail shall advise the physician, psychiatrist, or dentist or his/her designee of the necessity to keep the date and time of the appointment confidential for security reasons. This allows the transporting deputies to return to the detention facility without being seen if the deputies determine security is at risk.

4. The Prisoner Transportation Detail will inform the sending facility’s Medical Services Unit of the scheduled appointment. On being notified of the scheduled appointment, the sending facility’s Medical Services Unit will be responsible for mailing the 3 Letter to Private Physician form (J-233) to the private physician, psychiatrist or dentist.
III. INMATE FACILITY RE-ENTRY

A. When the inmate is returned to the facility, the transporting deputy (if the Sheriff has provided transportation) shall provide a J-153 form to the facility cashier, with a copy to the inmate’s booking jacket indicating the following information:

1. The inmate’s name and booking number.
2. The name of the deputy or deputies completing the assignment.
3. The date of treatment.
4. The description of the transportation and security services.
5. The name and address of the physician, psychiatrist or dentist.
6. The mileage and total time spent on the assignment.

B. Financial Services shall provide a copy of the J-153 form, an adjusted receipt, and any refund due to the person making the prepayment for medical transportation.

C. The transporting deputy will also return any medical paperwork from the private physician, psychiatrist or dentist to the jail medical unit for review by the jail physician.
PURPOSE

To define medical staff positions.

POLICY

Medical Staff members shall comply with all State of California mandated license and certification requirements for their positions. Sheriff’s Medical Services Division further defines medical treatment as medical, psychiatric or dental.

Medical staff members shall receive special training on the mandated requirements outlined in the Prison Rape Elimination Act of 2003. This training will include, but will not be limited to, the reporting of a sexual assault, the emergency treatment and the preservation of evidence when encountering a sexual assault victim, and the medical and psychological follow-up care that shall be afforded.

PROCEDURE

I. The Detention Facility Services Medical Administrator is responsible for the overall administration of the Medical Program.

II. Detention facility physicians are primarily responsible for the medical treatment, planning, and referral to any necessary outside medical service when deemed necessary. Detentions physicians are also responsible for providing emergency medical care and will determine additional treatment or referral to an emergency department, if needed. In the event an inmate/patient claims that they have been sexually assaulted while in custody, they will be referred to a forensic medical facility.

III. Detention facility dentists are responsible for evaluation, treatment, and referral related to inmate dental care.

IV. Detention facility psychiatrists are responsible for the evaluation and treatment of suspected mental disorders.

V. Detention facility registered nurses and licensed vocational nurses are responsible for emergency care and referral, logistical support of all patient/doctor activity, screening interviews, administration of medications, implementation of all physician’s orders and treatment, and special programs.
VI. Detention facility mental health clinicians are responsible for providing mental health interventions and case management services to inmates with suspected or diagnosed mental health disorders. In the event an inmate/patient claims that they have been sexually assaulted while in custody, they will provide mandated crisis intervention and follow-up care outlined in the Prison Rape Elimination Act of 2003.

VII. Detention facility medical clerical staff handles clerical work generated by inmate activity and movement within the jail system, as well as specific medical activity procedures.
PURPOSE

To provide a system of adequate response to health care requests.

POLICY

Inmates shall have access to appropriate medical and mental health services on a daily basis. The second stage medical screening intake nurse shall explain the sick call procedures to every newly arrested inmate.

PROCEDURE

I. Sick call request forms (J-212) are available to all inmates on a daily basis in their housing units.

II. Sick call requests are deposited by the inmate into the secure medical mailbox provided in the housing unit. Medical staff is responsible for collecting the sick call requests from the housing units each night after head count.

III. Inmates with a serious medical complaint shall be referred to the medical staff at any time.

IV. The medical staff shall triage the sick call requests and schedule with providers for treatment as indicated.

V. Detention staff shall retrieve the JIMS copies of the sick call list for each housing unit prior to sick call.

A. The housing deputy shall retain one copy.

B. The second copy shall be returned to the dispensary with the disposition (give a reason) of the inmate on the list that DOES not attend sick call (“in court,” “refused,” “visit,” “clinic”).

C. If the inmate chooses to not appear for sick call, the inmate shall sign a Refusal of Treatment (Form J-223) along with writing their reason for refusing medical treatment.

D. In the event the inmate refuses to sign the refusal form, the nurses and deputy/or two deputies shall sign as witnesses to document the refusal of the inmate and include writing the I/P’s reason for refusing medical treatment.

E. Every effort should be made to obtain a second witness to sign the form; however, if a second deputy or a nurse is not present to witness the inmate’s refusal, the deputy shall write “Not Available” or “N/A” on the 2nd witness signature line.
VI. A deputy shall bring inmates to the dispensary holding area. A deputy shall remain in the dispensary area to provide security supervision.

VII. The sum of three dollars ($3.00) may be charged against an inmate’s account for each visit initiated by an inmate to a registered nurse. Inmates shall not be charged for medical visits initiated by medical/mental health staff, referrals to a physician from nurse practitioner or follow-up visits initiated by a medical professional. In addition:

A. Inmates shall not be charged for medical visits as it relates to a claimed sexual assault while in custody.

B. Inmates shall not be denied medical care because of a lack of funds, nor will a copay fee be carried forward if the inmate has a zero balance at the time of the medical service.

C. Fees shall be waived in life-threatening or emergency situations.

D. Individuals being housed on civil commits as PC6600 Sexually Violent Predators (SVPs) will not be charged a copay fee for any medical service.

VIII. Upon completion of sick call, the deputy shall escort the inmates back to their respective housing units.

IX. The completed sick call requests shall be filed in the inmate’s medical record.

X. If an inmate is scheduled for psychiatric sick call, and refuses to go, he/she must be taken to medical for a registered nurse to perform a mental health evaluation to determine whether he/she is cognizant enough to sign a refusal form. He/she must sign in the presence of medical staff. If the inmate refuses to go to medical and becomes combative and force would need to be used, a supervisor shall be notified immediately.

The supervisor will determine whether the inmate is cooperative enough to go to medical or whether a nurse needs to go to the housing unit for a signed refusal form. Should the nurse arrive at the housing unit and the inmate continues to remain combative or refuses to sign; the form will be completed by both a nurse signature and that of sworn staff as witnesses.
PURPOSE

To provide a system of adequate response to requests for dental care.

POLICY

Inmates shall be provided dental treatment in routine and emergency situations, under the direction and supervision of a dentist licensed in the State of California.

PROCEDURE

I. DENTAL CALL

A. Routine dental care will be provided at designated facilities.

B. To procure a dental appointment, an inmate is required to fill out a sick call request stating the dental problem.

C. The request will be forwarded to the facility medical staff:

1. The medical staff will evaluate the dental need.

2. If need exists, the inmate will be scheduled for the earliest possible dental appointment.

D. Housing deputies will be notified on the day of the inmate’s dental appointment:

1. If the inmate refuses dental call, or if the inmate cannot be available for treatment for any reason, the housing deputy will notify the medical staff as soon as possible.

II. EMERGENCY DENTAL CARE

A. The medical staff will be contacted when an emergency dental case occurs.

Emergency dental problems will be handled as the situation dictates, after consultation with the medical staff.
PURPOSE

Security and control will be provided during medication pass in Sheriff’s detention facilities.

POLICY

Deputies and nurses will collaborate to ensure inmates receive medications in an organized and supervised manner. Inmates will ingest “watch take” medications as directed. Deputies will be responsible for reporting, in writing, any discovered contraband pharmaceuticals.

PROCEDURE

I. Deputies will assist medication nurses by providing inmate supervision during routine medication pass. In rare and exigent circumstances, as determined by the watch commander, the nurses can do routine medication pass without the assistance of a deputy.

II. Medication nurses will advise the attending deputy when an inmate is being given a “watch take” medication. Deputies shall make themselves available to assist the nurse in supervising all inmates being given “watch take” medication. All inmates requiring "watch take" will be required to take the medication with water to ensure that he/she has ingested the medication. "Watch take" medications include, but are not limited to:

A. Medications for psychiatric disorders, seizure disorders, narcotics and communicable diseases (TB medications).

B. Any medication that the inmate is suspected of "cheeking," hoarding and/or selling.

III. Deputies will assist the medication nurses in doing a thorough check for ingestion of a medication. This includes, but is not limited to, the direct visualization of an inmate’s open mouth while lifting his/her tongue, checking the contents of the inmate’s drinking cup, as well as the inmate showing the nurse/deputy his/her open hands.

IV. Medication nurses will advise the deputy if an inmate is suspected of "cheeking," hoarding and/or selling his/her medication.

V. Sworn staff shall notify medical staff if an inmate is discovered to be hoarding, "cheeking," and/or selling any medication. Sworn staff shall document these discoveries in JIMS inmate status/rules violation reports (ISR/RVR).

Medical staff will utilize the ISR/RVR when presenting the inmate/patient’s non-compliance to the reviewing or prescribing physician or psychiatrist.
PURPOSE

To establish guidelines governing the administration of essential medication to inmates by sworn personnel in emergency situations.

POLICY

In the event medical staff shortages or other emergency situations exist, as declared by the Sheriff's Medical Services Administrator (MSA) or designee, the following options are available:

1. Sworn staff may deliver medication.
2. Medical staff may issue twenty-four (24) hour doses of medications for self-administration.

PROCEDURE

I. Sworn staff administration

A. Sworn staff is authorized to administer inmate medications that have been packaged, labeled and prescribed by the detention facility medical staff. The package shall be labeled with:

1. The name of the inmate for whom the medication is prescribed.
2. The inmate’s booking number.
3. The location of the inmate.
4. Special conditions/directions.

B. When administering medication to an inmate, sworn staff shall verify the inmate’s identity by checking the inmate’s wristband.

C. Sworn staff shall observe and verify the inmate consumed the medication.

D. If the medication provided for the inmate is not administered, it shall be returned to the facility dispensary with an explanation (e.g., at court, refused, transferred) and sworn staff must have a Refusal To Accept Medical Care/Treatment (J-223) form signed by the inmate (if appropriate).

II. Medical Staff Administration

A. Medical staff may be allowed to deliver a twenty-four (24) hour dose of medication for self-administration to inmates in the event of an emergency as defined by the MSA or designee.
B. The twenty-four (24) hour supply of medication shall be delivered to the inmate in a properly labeled package, to include the name of the individual for whom the drug is prescribed, the booking number and the location of the inmate.

C. "Watch take" medications shall not be delivered for self-administration

III. Record Keeping

A. When sworn staff administers the medication(s) they shall return all medication packages to medical staff so they can document the distribution accurately in the inmate's health record.

B. Sworn staff shall log the time the medication was administered and the deputy's ARJIS number in the Jail Information Management System (JIMS) utilizing the drop-down "PHAR" in the inmate's "History."
PURPOSE

To allow inmates the ability to purchase selected over-the-counter (OTC) medications through Commissary Stores. Indigent inmates requiring medically necessary OTC medication may receive OTC medications via sick call procedure.

POLICY

Designated OTC medications, in their consumer labeled containers, shall be made available through Commissary Stores for inmate purchase. The list of OTC medications is reviewed at least annually and in the event a change to the list is proposed.

PROCEDURE

I. The Sheriff’s chief medical officer (CMO) along with Detentions Administration and the Inmate Welfare Committee reviews and approves the commissary OTC medication list. Currently antacid tablets, cough suppressant tablets/menthol and melatonin remain available for purchase.

II. Medication Purchase Limitations and Guidelines

A. Medical staff may revoke, cancel, or put on hold any inmate’s OTC medication purchasing privileges; whenever it is determined that use of such medications may be detrimental to the medical or mental health of the inmate and/or interfere with the medical or mental health treatment of the inmate. This can be done by communicating with Commissary Stores via JIMS or e-mail and documenting the order in the inmate’s record.

B. Abuse or misuse by an inmate of over-the-counter medication of any kind shall be reported to medical staff and shall lead to termination of the inmate’s privilege to purchase such medication from the Commissary Stores.

DATE: AUGUST 21, 2018
NUMBER: M.20
SUBJECT: SALE OF OVER-THE-COUNTER MEDICATIONS
RELATED SECTIONS: MSD 0.4, M.15, M.19
PURPOSE

To establish a uniform procedure for off-site medical services.

POLICY

Medical staff shall coordinate off-site inmate appointments in conjunction with the Prisoner Transportation Detail (PTD).

PROCEDURE

I. Sheriff’s Medical Services Division, in collaboration with contracted providers, shall schedule off-site medical, optical and dental appointments, complete the necessary forms, and notify the appropriate sworn staff.

II. The PTD shall schedule appointments with private providers as described in Detention Policy and Procedure M.11.

III. The PTD shall transport the inmate to the off-site clinic appointment.

IV. The medical staff shall enter every scheduled off-site clinic appointment in the inmate's health record.

V. The transporting deputy shall be responsible for taking medical paperwork to the off-site clinic and returning with completed paperwork to be given to the charge/desk nurse on duty.

VI. The transporting deputy shall be responsible for notifying the watch commander and charge/desk nurse if inmates are admitted to the hospital from the clinic.
PURPOSE

To clarify the procedures for the Psychiatric Stabilization Units.

POLICY

Sworn staff shall be responsible for security of the Psychiatric Stabilization Units (PSU/WPSU) with input from the medical staff. The PSU/WPSU medical staff shall be responsible for evaluations and treatment.

PROCEDURE

I. REFERRALS FOR PSYCHIATRIC EVALUATION

Any person who has pertinent information regarding the behavior of any inmate may make inmate referrals to the medical staff.

II. ADMISSION

A. The Psychiatric Stabilization Units are located at the San Diego Central Jail (PSU) and the Las Colinas Detention and Reentry Facility (Women's Psychiatric Stabilization unit/WPSU).

B. Inmates shall be admitted to the PSU/WPSU at the order of either staff psychiatrists, San Diego County Psychiatric Hospital (SDCPH), Emergency Psychiatric Unit (EPU) psychiatrists, or by a court order.

III. SECURITY

A. Sworn staff shall conduct and log safety checks within 30 minutes. This check shall include housing, treatment/interview, close observation cells, and holding areas.

B. Extraordinary incidents shall be brought to the attention of the watch commander.

C. PSU/WPSU inmates are to be returned daily to their dormitory at 2200 hours.

D. After lockdown, inmates may be removed from the housing unit for an acute psychiatric, medical, or security reasons and only with a deputy present.

   1. When security is compromised and the inmate is considered to be extremely dangerous, sworn staff may move the inmate to another housing area. If possible,
the PSU/WPSU medical supervisor or designee, or the staff psychiatrist shall be consulted first.

2. Medical staff shall notify the watch commander when the medical needs of any PSU/WPSU inmate require that he/she be housed in the medical observation area rather than PSU/WPSU.

3. The watch commander shall be notified of any inmate movement out of the PSU/WPSU to any other area of the jail.

4. When an inmate is discharged from the PSU/WPSU, the Jail Population Management Unit shall be consulted to determine the appropriate housing assignment for the inmate.

E. Notify PSU/WPSU sworn and medical staff prior to removing or when returning an inmate to the housing unit.

F. Notify PSU/WPSU sworn and medical staff in advance of any tour or visit to the PSU/WPSU to prevent disruption of activities within the housing unit.

IV. WRISTBANDS

A. Inmates housed in PSU/WPSU shall wear red identification wristbands while housed in PSU/WPSU. Plastic fasteners are available for inmates who may use metal for self-injury or are allergic to metal fasteners.

B. The red identification wristband shall be applied and removed by sworn staff whenever an inmate is transferred into or out of the unit.

C. The red wristband shall be worn on the left wrist.

D. The PSU/WPSU medical staff shall make no alterations to the detention wristband.

E. If it becomes necessary to change an inmate’s wristband, sworn staff shall make the change.

V. SECURITY BEDDING

The only bedding material inmates in psychiatric stabilization units shall possess are two safety blankets, one of which may be used as a mattress cover. Cotton/wool blankets and sheets are prohibited in psychiatric stabilization units.

VI. MEAL DISTRIBUTION

A. All food and water shall be served in soft, disposable containers.

B. Deputies and nursing staff are responsible for providing meals during normal meal times. The staff providing the meal must ensure there are no items that the inmate may use to inflict injury.
VII. TREATMENT

A. Application for evaluation for treatment is covered under the Welfare and Institutions Code 5150.

B. Sworn staff may be requested to move an inmate to an isolation or seclusion cell by the PSU/WPSU charge nurse and/or psychiatrist.

C. A time specific seclusion order by a psychiatrist is required to house an inmate in seclusion and/or restraints.

D. Anytime the psychiatrist and/or nurse enter a seclusion cell to provide inmate care and or treatment, sworn staff shall accompany him/her and provide security.

VIII. USE OF RESTRAINTS

A. Sworn staff are responsible for containing the inmate while PSU/WPSU medical staff apply the restraints.

B. If sworn staff assist with the application of restraints in collaboration with PSU/WPSU medical staff, medical staff will verify correct placement when completed.

C. Color coded blue upper extremity and red lower extremity and waist restraints are the only type of restraints authorized for inmates housed in PSU/WPSU. These restraints are used when less restrictive forms of treatment (i.e. medication) is not sufficient or not an option.

D. Four-point restraints shall be used only in PSU/WPSU under the supervision and direction of the psychiatrist and/or PSU/WPSU medical staff. Registered nurses may make the decision to place an inmate in four-point restraints. Registered nurses shall obtain a psychiatrist’s order within an hour after placement.

E. The restraint chair shall not be used in PSU/WPSU.

F. When the inmate is restrained, sworn staff shall assist the nurse in range of motion and other mandatory actions.

IX. SUICIDE ATTEMPTS

A. In the event of a suicide attempt, Control and medical shall be notified immediately.

B. The decision to isolate, segregate or otherwise protect an inmate that has attempted suicide shall be made by the PSU/WPSU medical/clinical staff.

X. CLOSE OBSERVATION/SUICIDE PRECAUTIONS

Due to the behavior of some PSU/WPSU inmates, it may be necessary to move an inmate to another cell for closer observation and/or remove certain items from them.
If the inmate has been determined by PSU/WPSU staff to require closer observation, or placed on suicide precaution and/or 1:1 observation, their cell will be inspected at least once per shift for contraband. The results of the inspection will be logged in JIMS under CELL CHECK CONDUCTED.

A.  Close Observation (CO)

1.  If PSU/WPSU medical staff or a psychiatrist determines an inmate requires closer observation but does not have suicidal or homicidal ideations, the inmate will be placed in a close observation cell (facility green sheets shall identify which cells in PSU/WPSU are utilized for close observation). The inmate can keep their clothes and property. An incident report shall be written documenting the need for close observation.

2.  Safety checks shall be conducted at random intervals not to exceed 30 minutes between checks.

3.  The inmate can be cleared from CO by PSU/WPSU medical/clinical staff.

B.  Suicide Precaution (SP)

If an inmate has voiced suicidal or homicidal ideations, an assessment of the inmate will be conducted by PSU/WPSU medical staff. If the inmate has been admitted on an involuntary status, they will be placed in a close observation cell under suicide precautions. If the inmate is admitted voluntarily, and waives their rights, they will be placed in a close observation cell under suicide precautions. Voluntary admits who do not agree to the treatment plan will be discharged and placed into the Inmate Safety Program (safety cell or Enhanced Observation Housing). An incident report utilizing the event type PSU SP (psychiatric stabilization unit suicide precaution) shall be written articulating the reasons for placement on suicide precautions.

1.  An inmate placed on suicide precaution shall have all of their clothing, wristband and property removed. Property shall be stored in a secure location until the inmate is cleared. For security purposes, deputies will remain with the inmate during the process to ensure all items listed above are removed.

2.  All inmates placed on suicide precaution will be issued a safety mattress, safety garment, shower shoes, and two safety blankets. The above mentioned items may be removed if they are used for any other purpose than intended. Documentation in an incident report is needed if any of the items are removed.

3.  Showers, dayroom, recreation and social phone calls will be offered in accordance with PSU medical staff recommendations, Title 15 guidelines and LPS regulations.

4.  Hygiene items will be provided as needed by PSU/WPSU staff and immediately returned after use.

5.  Inmates on suicide precautions will be offered meals in accordance with Title 15 guidelines. All food and water shall be served in soft, disposable containers. The deputy/nurse providing the meal must ensure there are no items that the inmate
may use to inflict injury such as plastic utensils, plastic coverings, or plastic bags. Disposable cardboard utensils are the only utensil authorized. Deputies shall collect all trash from meals on the proceeding welfare check.

6. Deputies will closely monitor and directly observe inmates on suicide precautions at random intervals not to exceed 15 minutes between checks. The welfare check will be documented in JIMS utilizing the SP Welfare Check event type. The description field of the entry shall include the name(s) and/or ARJIS(s) of the sworn staff conducting the check and the accurate disposition. In the event a SP Welfare Check requirement cannot be met, the deputy shall provide a documented explanation in the notes field of SP Welfare Check entry and must immediately notify the housing unit supervisor. Upon review of the JIMS area activity log, the supervisor shall make a notation in the notes field utilizing the Supervisor's Log Review event type.

7. The inmate can be cleared from suicide precautions by PSU/WPSU medical/clinical staff.

XI. COURT ORDERED PSYCHIATRIC EVALUATIONS

PSU/WPSU medical staff shall process 4011.6 court orders for psychiatric evaluation as soon as possible after the court order is received.

XII. RELEASE OF INMATES TO THE COMMUNITY

If an inmate is being released from custody and continues to exhibit behaviors potentially dangerous to self/others or reflect grave disability secondary to a mental disorder, do the following:

A. PSU/WPSU inmate on an involuntary hold:

1. PSU/WPSU charge nurse shall notify the watch commander of the need to transport the inmate to the EPU for further assessment and disposition. PSU/WPSU charge nurse will advise EPU of pending inmate transfer.

2. The original copy of the involuntary hold must accompany the inmate to EPU. The PSU/WPSU charge nurse is responsible for ensuring necessary documents accompany the inmate.

B. Inmate does not have an involuntary hold and still presents a potential danger to self/others or is gravely disabled:

1. A Request for 72 Hour Detention (MH-302 form) and a NetRMS incident report shall be completed by sworn staff prior to transfer to EPU.

2. Medical staff shall notify EPU of the impending transfer of the inmate.

3. Sworn staff will transport the inmate to EPU and required documents to the psychiatrist. The deputy will remain with the released inmate until a safe and orderly transfer of services is completed and the psychiatrist on duty releases the deputy from further standby duties.
PURPOSE

To clarify the procedures for the Jail Based Competency Treatment (JBCT).

POLICY

Sworn staff shall be responsible for security of the JBCT with input from the medical staff. The JBCT medical staff shall be responsible for evaluations and treatment.

PROCEDURE

I. ADMISSION
   A. The JBCT housing unit is located at the San Diego Central Jail.
   B. Upon a court order directing that an inmate be restored to competency ("Restore to Competency" order) and when the court order authorizes the Sheriff to restore to competency, an inmate may be admitted to the JBCT. Inmates who are not admitted to the JBCT will be placed on a waiting list for treatment in a state hospital.
   C. Inmates without "Restore to Competency" court orders may be housed in the JBCT with the approval of the Program Director when bed space is available. Inmates with a "Restore to Competency" order shall be given priority over other inmates.

II. SECURITY
   A. Sworn staff shall conduct and log security checks every 60 minutes. This check shall include housing, treatment/interview, and holding areas.
   B. Extraordinary incidents shall be brought to the attention of the watch commander.
   C. JBCT inmates are to be returned daily to their dormitory at 2200 hours.
   D. After lockdown, inmates may be removed from the housing unit for an acute psychiatric, medical, or security reason and only with a deputy present.
      1. When security and staff safety are compromised and the inmate is considered to be extremely dangerous, sworn staff may move the inmate to another housing area. If possible, the JBCT medical supervisor or designee, or the staff psychiatrist shall be consulted first.
2. Medical staff shall notify the watch commander when the medical needs of any JBCT inmate require that he/she be housed in the medical observation area rather than JBCT.

3. The watch commander shall be notified of any inmate movement out of the JBCT to any other area of the jail.

   E. Notify JBCT sworn and medical staff prior to removing or when returning an inmate to the housing unit.

   F. Notify JBCT sworn and medical staff in advance of any tour or visit to the JBCT to prevent disruption of activities within the housing unit.

III. WRISTBANDS

   A. Inmates housed in JBCT shall wear red identification wristbands while housed in JBCT. Plastic fasteners are available for inmates who may use metal for self-injury or are allergic to metal fasteners.

   B. The red identification wristband shall be applied and removed by sworn staff whenever an inmate is transferred into or out of the unit.

   C. The red wristband shall be worn on the left wrist.

   D. The JBCT staff shall make no alterations to the detention wristband.

   E. If it becomes necessary to change an inmate’s wristband, sworn staff shall make the change.

IV. TREATMENT

   A. Admission to the JBCT for treatment is covered under the section 1370 of the Penal Code.

   B. Sworn staff may be requested to move an inmate to an isolation or seclusion cell by the JBCT staff.

   C. A time specific seclusion order by a psychiatrist is required to house an inmate in seclusion or restraints.

   D. Anytime the psychiatrist and/or nurse enter a seclusion cell to provide inmate care and or treatment, sworn staff shall accompany him/her and provide security.
PURPOSE

To provide guidelines when an inmate refuses to eat and initiates a hunger strike.

POLICY

The refusal to eat, also known as a hunger strike, can be either proclaimed or unspecified by an inmate. While some inmates may inform staff they are on a hunger strike, others may not voice their intentions, but their refusal of meals may indicate a hunger strike. In either case, sworn staff shall be observant, make necessary notifications and document the incident. Medical staff will evaluate the seriousness of the situation and provide necessary medical care.

PROCEDURE

I. NOTIFICATIONS

A. Sworn staff shall notify the watch commander and facility commander.

B. Sworn staff shall notify the medical staff.

II. EVALUATION

A. The medical staff shall evaluate the inmate’s condition and take appropriate action (e.g., weight monitoring, hydration monitoring, appointment with psychiatrist, etc.) based on findings and identified needs.

B. If necessary for closer monitoring, the inmate may be moved to administrative segregation.

III. OBSERVATION AND DOCUMENTATION BY DEPUTIES

A. When an inmate initiates a hunger strike, the deputy shall document the incident in the Jail Information Management System (JIMS) via an inmate status report (ISR). The ISR shall include notifications made and any subsequent actions taken.

B. The deputy responsible for meal conveyance shall provide and ensure that a meal is available to the inmate during the entire mealtime. The deputy will record the inmate’s responses in the inmate's JIMS history.

C. The deputy shall also monitor other food sources, including the inmate’s commissary and food “passed” from other inmates and record information in an ISR.
D. If the inmate states he/she is no longer on a hunger strike or the inmate's history in JIMS reflects such, the deputy shall document the information in an ISR.
PURPOSE

To prohibit the use of inmates for medical experimentation.

POLICY

Inmates in the custody of the Sheriff shall not be used as a subject for medical, pharmaceutical or cosmetic experiments.

PROCEDURE

I. No experiment for medical, pharmaceutical or cosmetic purposes shall be initiated by the Sheriff’s Medical Division.

II. Inmates who are actively participating in a drug study at the time of incarceration may be allowed to continue after case review and approval by the Sheriff’s chief medical officer (CMO), Pharmacist and Administrative Case Manager and only if the study or treatment is as defined in Section 312 of Title 21 of the Code of Federal Regulations, pursuant to CA PC 3502, 3502.5.
PURPOSE

To provide appropriate, secure storage and control of medical instruments and medications within all detention facilities.

POLICY

All medical instruments will be stored in locked cabinets and drawers in dispensary areas. All instruments must be returned to the secured storage after each use and cleaning. Medication will be stored in locked cabinets and drawers for proper control and accountability.

PROCEDURE

I. All dispensaries shall store medical instruments and medications in locked cabinets. These cabinets shall remain locked when not in use. Narcotics shall be stored in a locked cabinet within another locked cabinet or locked room.

II. Nursing staff shall be responsible for returning/replacing instruments to the locked cabinet after each use and cleaning. Instruments will be accounted for at the end of each shift.

III. Nursing staff shall perform and sign responsibility for a count and appropriate disposal of syringes, needles and other sharp instruments at the beginning and end of each shift.

IV. Nursing staff shall perform and assign responsibility for a count of controlled medications at the beginning and end of each shift.

V. The supervising nurse in each facility will be responsible for the control of these items in their respective dispensary.
PURPOSE

To protect the health and safety of employees in the presence of or suspected presence of infectious and/or communicable diseases and to provide information and training to employees who are at risk of coming into contact with blood borne pathogens requiring Standard Precautions during the performance of their duties.

POLICY

I. The Sheriff's Department shall comply with federal and state statutes applicable to blood borne pathogens that the employees may be exposed to during the completion of certain work tasks.

II. Operational activities will be performed following Standard Precautions specified in the Department's written Blood borne Pathogens Exposure Control Plan.

DEFINITIONS

I. An exposure incident is defined as a specific situation whereby any amount of blood or body fluids are deposited on: damaged skin, mucous membranes (e.g., eyes, nasal, mouth, etc.) or by skin puncture (e.g. contaminated needle stick, etc.)

II. Damaged skin is defined as an open wound or weakened skin where penetration of the contaminant may occur (i.e., abrasions, scratches, burns or other skin lesions).

III. Blood borne Pathogens -Pathogenic microorganisms present in human blood that can cause disease.

IV. Chemical Quaternary -is a chemical disinfectant that reduces disease by 99.9% when caused by germs and viruses including Staph. Strep, HIV, Hepatitis, Rotavirus, E-Coli, Salmonella and fungi. Its actions are Tuberculocidal, Virucidal, Bactericidal, and Fungicidal

V. Communicable Disease - Any disease carried from one person or animal to another by direct or indirect contact.

VI. Decontamination -The use of physical or chemical means to remove, inactivate, or destroy surface blood borne pathogens to the point where they are no longer capable of transmitting infectious particles and it is rendered safe for handling, use or disposal.

VII. Hypoallergenic -Any material having little likelihood of causing an allergic response.

VIII. Infectious Agent -An organism responsible for causing a disease.
IX. Standard Precautions - An infection control approach in which all human blood and certain body fluids are treated as if known to be infectious of HIV, Hepatitis B Virus, and other blood borne pathogens.

PROCEDURE

San Diego County Sheriff's Department assumes human blood and all body fluids are to be treated as if they are known to contain Human Immunodeficiency Virus, Hepatitis B virus and other blood borne pathogens. All SDSD employees shall employ Standard Precautions.

I. PRE-EXPOSURE

A. Personnel are required to use Standard Precautions when at risk for potential exposure to blood or other body fluids.

B. Hepatitis B vaccinations are recommended and available at no cost to employees who have potential occupational exposures.

C. The medical/mental health information transfer summary (J-204 form) for inmates who are transferring to prison are to be placed inside the designated envelope (J-270 form) to inform transporting deputies to use universal and respiratory precautions as applicable. A copy of (J-270A form) will be attached to all transfer bags containing the medical records of inmates transferring to the other detention facilities within the system.

D. An awareness-training program on Exposure Determination and Hazards will be provided to all SDSD employees to make them aware that:

1. They may be exposed to blood borne pathogens during the performance of certain work assignments.

2. Specific job-related duties place them at risk for exposures to potentially infectious materials.

3. They must review safety information and safe work procedures specific to the duties they are performing and the type of pathogens to which they may be exposed.

4. They are responsible to assess their health status (i.e., open wounds, etc.) before performing duties that could place them at risk of receiving an exposure to blood borne pathogens.

E. Exposure Control Plan

All Sheriff's Department detention facilities maintain a written Blood Borne Pathogens Exposure Control plan.

1. A copy of the Exposure Control Plan is available through the detention facility watch commander.
2. All employees shall review this policy and complete the training before handling blood and all body fluids.

II. EXPOSURE

A. Methods of compliance with Standard Safety Procedures

1. Personal Protective Equipment

Sheriff's facilities can consult the Employee Medical Liaison Unit for information on ordering appropriately approved personal protective equipment.

a. Disposable Gloves

The appropriate examination gloves shall be used. Hypoallergenic gloves, glove liners, powder less gloves or other similar protective gear are available to employees who are allergic latex. Employees who require such items should contact their supervisor or members of the Employee Medical Liaison Unit.

1) Gloves shall be worn whenever there is a risk of contact with blood, body fluids and mucous membranes of non-intact skin of inmates.

2) Protection can be increased by double gloving and should be considered when there is a large quantity of blood exposure.

3) If the glove is torn or punctured by a needle stick or accident, remove the damaged glove, wash hands and put on a new glove as promptly as inmate safety permits.

4) Remove potentially contaminated gloves immediately and before touching uncontaminated surfaces i.e. keyboards, telephones, door handles.

5) Gloves shall be removed by peeling them off "inside-out" to prevent any contaminated material from having contact with the skin. Used gloves and contaminated materials shall be disposed of in accordance with the Exposure Control Plan.

b. Safety Glasses or Goggles

Eye protection is to be worn whenever there is a likelihood of blood splash, spray/or misting.

c. Masks

Protective Barrier Membrane (disposable one-way valve mask) is to be worn whenever there is likelihood of production of respiratory droplets, mists, splash or sprays.
1) Protective Barrier Membranes (disposable one-way valve mask) shall be used any time administering CPR.

2) Protective Barrier Membranes (disposable one-way valve masks) shall be used anytime mouth to mouth resuscitation is used.

d. Coveralls/Fluid Resistant Material

Coveralls, such as Proshield Tyvek, are to be worn over department uniforms when dealing with a significant amount of potentially infectious material.

e. Shoe/Boot Cover/Fluid Resistant Material

Boot covers, such as Tyvek Shoe Boot covers, are to be worn over shoes or boots when dealing with a significant amount of potentially infectious material.

f. Clothing

1) If an employee's clothing becomes contaminated with blood, body fluid or other potentially infectious materials, it should be carefully removed as soon as possible.

2) Care needs to be exercised that the clothing does not contaminate other articles before it is laundered.

2. Hand Washing

All staff hand washing stations will be supplied with antimicrobial hand cleaners. Sheriff's facilities can consult the Employee Medical Liaison Unit for information on ordering appropriate approved supplies.

a. Body substances may contain organisms that easily contaminate your hands. Hand washing is an effective means of infection control. When properly done, hand washing removes infection organisms. Any hand-washing product, whether antibacterial or antimicrobial will achieve this goal.

b. Wash hands thoroughly before eating or preparing food; before and after touching wounds or other drainage; after contact with blood or body fluids; mucous membranes, secretions, or excretions (such as saliva, urine, blood, semen and feces).

c. Waterless antimicrobial hand cleaners shall be used only where water is not available and may not be substituted for soap and running water in detention facilities except during an internal emergency.

d. Do not use other chemicals such as alcohol or bleach to wash your hands. The chemicals may damage your skin and cause open sores or chapped areas to be more easily infected.
e. Hands shall be washed immediately after gloves are removed.

f. Hands and other skin surfaces shall be washed with soap and water immediately and thoroughly if contaminated by blood or body fluids.

g. Non-intact Skin Surfaces

1) Employees who have open wounds or breaks in the skin shall refrain from all direct handling of blood and body fluids until the condition resolves.

2) Employees with open wounds or breaks in the skin shall thoroughly cover or bandage such wounds.

h. Mucous membrane exposures, e.g., nose, eye, mouth, shall be washed with water only.

i. Sharp Devices

All employees will take precautions to prevent injuries caused by needles, and other sharp instruments or devices.

3. Pregnant Staff

Pregnant staff members are not known to be at greater risk of contacting HIV infection than non-pregnant staff; however, the infant is at risk of infection resulting from prenatal transmission.

III. POST EXPOSURE

Cleaning and decontaminating spills of blood and other body fluids.

A. Sworn staff are responsible for or ensuring all obviously contaminated surfaces are cleaned by an inmate worker(s).

1. Chemical quaternary disinfectants that are health care facility approved, when used at recommended dilutions, can be used to decontaminate spills of blood and other body fluids.

2. A solution of 1:10 bleach to water is effective in preventing transmission of HIV.

3. The deputy in charge of trash detail shall ensure that all biomedical waste is placed in a locked dumpster/trash container.

B. Cleaning of isolation, safety and holding cells, medical housing, restrooms, inmate telephones, prostraint chairs, handcuffs, leg shackles, waist chains and leg chains will be done routinely using health care facility approved disinfectants or bleach solution.
C. Laundry

1. Don gloves prior to handling soiled linen. Minimize agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged at the location where it was used.

2. Linen soiled with blood or body fluids shall be placed and transported in bags that prevent leakage.

3. Linen must be washed in conjunction with laundry services procedures.

D. Facility medical staff may be used as a resource when needed for specific information regarding blood spill clean up. In extraordinary blood spills, medical staff will respond to assess the blood spill and give clean up instructions.

IV. REPORTING EXPOSURES

A. All contamination shall be reported immediately to the employee's immediate supervisor to ensure appropriate documentation and medical treatment if:

1. There is mucous membrane contamination, or

2. The skin barrier has been or may have been penetrated.

B. The exposed staff shall be referred to the nearest County contracted Industrial Medical Clinic for medical follow-up and medical treatment according to Department Policy and Procedure 3.16 -Occupational Injury.

C. The employee's immediate supervisor shall report all contacts with potential or suspected sources of infectious disease by completing a form RM3, "Supervisor's Accident Investigation Report". Post exposure evaluation and follow-up shall be sought at the County-contract provider as soon as possible.

D. The "Supervisor's Accident Investigation Report" (form RM3) shall be forwarded to the Sheriff's Medical Liaison Unit by the next business day after the occurrence along with the "Report of Occupational Injury (form MLU-4), which is filled out by the employee. The original forms shall be forwarded to the Sheriff's Medical Liaison Unit. The Medical Liaison Unit will maintain copies and forward the originals to the Workers' Compensation Division/Risk Management at the County Department of Human Resources.

E. If a contact with a potential source results in infection or physical injury, the employee shall proceed to the nearest County-contract emergency workers' compensation medical facility for treatment. In addition to the forms above, the employee shall fill out the following forms:

1. DWC-1 "Employees Claim for Worker's Compensation Benefits"

2. MLU-1 "Status Report for Occupational Injury or Illness"
3. “Proof of Service”

4. Authorization to Obtain and Release Information in Connection with an Application for Worker’s Compensation Benefits (Medical and Non-Medical releases).

F. California State Law (7510 P.C.) requires law enforcement personnel to file a specific report form whenever they have had an exposure to a body fluid capable of transmitting HIV. The State Law further requires the Chief Medical Officer to complete a process of investigation and determination about HIV testing the source of the exposure.

G. "Chief Medical Officer" means, in the case of a report filed against a subject who is an inmate of the county jail, or who has been arrested or taken into custody whether or not the person has been charged with a crime, but who is not in a correctional facility, the County Health Officer of the County of San Diego.

H. When an inmate refuses or is not mentally competent to give voluntary consent, law provides consent for HIV testing of specific appeal rights.

I. Whenever an exposure has occurred the exposure should be assessed and personnel should be referred for appropriate medical follow-up.

J. Personnel are required by law to file a report whenever they have been exposed to body fluids capable of transmitting HIV of a detainee, arrestee, inmate, parolee, or probationer.

1. Personnel will complete the State Department of Health Service Report of Request and Decision for HIV Testing form 5019, whenever they have been exposed to body fluids capable of transmitting HIV.

2. Personnel may request HIV testing of the source of the exposure on the 5019-report form.

3. The 5019 report form will be completed as soon as possible after the incident and no later than 24 hours following the incident.

4. The 5019-form will be submitted to the Employee Medical Liaison Unit. Copies of the report shall be submitted to the facility commander.

5. Pursuant to Penal Code 7511, the County Health Officer is required to decide if HIV testing of the source is appropriate and will indicate the decision on the 5019-report form.

6. Pursuant to Penal Code 7511, the County Health Officer is required to return the completed 5019-form to the employee within 5 calendar days after the submission of the form.

7. Anytime an employee has not received the completed 5019-form within 5 days after submission of the form, the employee will notify the facility commander immediately.
8. The facility commander will contact the County Health Officer to determine the reason for the failure to return the form in the legally specified time frame. If the matter is not resolved, the facility commander will contact the Sheriff or the Sheriff’s legal counsel.

K. State law provides for an appeals process if either party disagrees with the decision of the County Health Officer regarding the HIV testing of the subject of the report.

1. The employee who filed the 5019 report form or the subject of the test may appeal the decision of the County Health Officer.

2. The deputy or subject of the test files the Report of Request of Appeal for HIV Testing, form 5019, within 3 calendar days of the receipt of the decision of the County Health Officer.

   a. The Appeals Panel is to be comprised of:

      1) County Health Officer

      2) Supervisory Representative of the Sheriff

      3) Independent Physician selected from a list developed by the State Department of Health Services

   b. The appeals hearing is a closed hearing. Both parties can be represented and present evidence.

   c. The decision of the Appeals Panel must be rendered within 10 days of the receipt of the appeals request.

   d. The decision must be unanimous to overturn the initial decision.

V. EXPOSURE FOLLOW UP

Post-exposure medical evaluation and follow up shall be sought at the County contract provider as soon as possible at no cost.

VI. RECORD KEEPING

A. Employee Medical Records

1. The original Medical Records of employee with occupational exposures are maintained by the County Medical Standards and duplicate copies are maintained by the Sheriff's Departments' Employee Medical Liaison Unit.

2. These medical records will be kept confidential and will not be disclosed without the employee's written consent to any person within or outside the workplace (except as may be required by law).

3. These medical records may include:
a. The name and social security number of the employee.

b. A copy of the employee’s Hepatitis B vaccination status, including the dates of all Hepatitis B vaccinations and any medical records related to the employee’s ability to receive such vaccination.

c. A copy of all results of examinations, medical testing and follow-up procedures.

d. A copy of the health care professional’s written opinion.

e. A copy of the exposure information supplied to the health care professional.

B. Employee Training Records

Training records will be kept in accordance to the specific division/department protocol. The Blood Borne Pathogen Exposure plan-training files are to be maintained for at least three years from the date on which the training occurred. These records include the following:

1. The name and job title of the employee.

2. The dates and summary of the training session.

3. The names and qualification of all personnel conducting the training.
AUTHORITY

Health & Safety Codes 121055, 121060 & 121070; California Penal Codes 7500-7554; CAC Title XV Section 1206.5; Federal OSHA Bloodborne Pathogen Standard, Code 29 CFR 1910.1030 & 1910 & 1910.20; CCR Title 8, Section 5193.

PURPOSE

To protect the health and safety of employees in the presence of, or suspected presence of, infectious and/or communicable diseases and to provide information and training to employees who may come in contact with biological substances requiring respiratory and standard precautions during the performance of their duties.

POLICY

I. The San Diego Sheriff's Department encourages the practice of respiratory and standard precautions which are protective measures for all employees to minimize exposure to pathogens.

II. The Sheriff's Department will comply with federal and state statutes applicable to potentially infectious agents.

III. The use of standard precautions shall be utilized during all operational activities. Procedures are specified in the Department's written Bloodborne Pathogens Exposure Control Plan.

DEFINITIONS

Respiratory (TB) Isolation Room - a single-patient room that has specifically designed ventilation characteristics appropriate for isolation. These rooms should maintain negative air pressure; thus, doors to isolation rooms should be kept closed except when patients or personnel must enter or exit the room.

Negative Pressure - A difference in pressure between a corridor and a respiratory isolation room so that there is a one-way flow of air into the respiratory isolation room.

Close Contact - A person who lives with, works with, or otherwise is frequently in close physical proximity to a person who has infectious TB.

Infectious TB - Persons are usually considered infectious if their sputum smears are positive for acid-fast bacilli and they: are not on therapy, have just begun therapy, or are on inadequate therapy.

Standard Precautions - See M.36 for definition.
Communicable Diseases - See M.36 for definition.

Body Fluids Capable of Transmitting HIV or HBV - As defined by the State Department of Health Services, blood, semen, vaginal secretions and any body fluid visibly contaminated with blood.

Exposure - An exposure incident is defined as a specific situation whereby personnel are exposed to airborne pathogens and/or when any amount of body fluid defined in P&P M.36 Universal (Blood and Body Fluid) Precautions is deposited on: damaged skin, mucous membranes (e.g., eyes, nasal, mouth, etc.) or skin puncture (e.g. contaminated needle stick, etc.).

Infectious Agent - See definition in M.36

Human Immunodeficiency Virus (HIV) - The causative agent of the Acquired Immunodeficiency Syndrome (AIDS).

PROCEDURES

I. EXPOSURE CONTROL PLAN

A. RESPIRATORY INFECTION EXPOSURE CONTROL PLAN

There shall be specific practices to contain, control and prevent the spread of respiratory infections. When strict respiratory isolation is required, the inmate shall be transferred to a detention facility with negative pressure isolation cells. In the event that a respiratory isolation cell is not available in one of the Sheriff's Detention Facilities, contact the Sheriff's Medical Director or Infection Control Supervising Nurse.

B. BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

All Sheriff's Department Detention Facilities shall maintain a written Bloodborne Pathogens Exposure Control Plan.

II. PART ONE: PRE-EXPOSURE

Following standard and respiratory precautions is fundamental to an effective injury and illness prevention program for infectious biological/diseases. Department personnel who are at risk for potential exposure to dangerous and possibly fatal airborne and bloodborne diseases are required to use respiratory and standard precautions.

As an adjunct to standard precautions, Hepatitis B vaccinations are recommended and available at no cost to employees who have occupational exposures to potentially infectious materials. All personnel are encouraged to use available preventive vaccination programs

A. Exposure Determination and Communication of Hazards to Employees - See M.36, Section I, C

B. General information identifying the precautions necessary for housing and transporting inmates who have or are suspected of having a reportable communicable disease or condition shall be provided by the detention facility medical staff.
C. The detention facility medical staff identifies inmates with health problems and indicates when an inmate needs special housing. The Watch Commander and Classification staffs are notified regarding medical housing needs.

Classification deputies will make medical housing assignments in accordance with recommendations from medical staff.

D. Anytime an inmate is transported for medical care, the medical staff shall inform the transporting deputy of any additional medical precautions necessary for the deputy and inmate's safety.

1. Anytime medical transportation is requested by the medical staff for an inmate, Department personnel arranging or providing the transportation shall ask the medical staff what additional medical precautions, besides respiratory and standard precautions, are necessary when the inmate is being transported.

2. If additional medical precautions are necessary, the medical staff will advise the transporting deputy of additional safety measures.

3. If an inmate being transported has or is suspected of having a communicable respiratory condition, the medical staff will provide a surgical mask for the inmate. Transporting staff shall wear a HEPA also as known as N-95 mask.

4. Transporting deputies shall wear disposable examination gloves when handling inmates with open sores or weeping lesions.

5. Transporting deputies shall always thoroughly wash their hands after contact with inmates being transported before touching their face, eyes, ears or any personal objects.

E. The medical staff will provide the Facility Commander with specific information such as inmate’s name, booking number and the suspected communicable disease.

1. The Facility Commander will receive a weekly report from the medical staff listing any inmate who has, or is suspected of having, a communicable disease.

The weekly report will be completed on the Sheriff's Department Medical Condition Weekly Report form (J-207).

2. The Facility Commander will provide the information contained in the Medical Condition Weekly Report form to the appropriate staff in a manner prescribed by law to ensure the safety of staff and other inmates.

   a. The Facility Commander will provide all Watch Commanders a weekly medical report identifying any inmate who is listed on the Medical Condition Weekly Report form.

   b. The Watch Commanders will check the list anytime transportation is requested and inform the transporting deputy if the inmate being transported is on the list.
III. PART TWO: EXPOSURE

Methods of Compliance with Standard Safety Procedures

A. Personal Protective Equipment

Protective Equipment to minimize contact with airborne and bloodborne pathogens will be provided to personnel. Protective equipment is to be used when the situation warrants and should be used in an appropriate manner.

Sheriff's facilities can consult the Employee Medical Liaison Unit for information on ordering appropriate approved personal protective equipment.

1. Disposable Gloves - See M.36, Section II, A, 1a.
2. Safety Glasses or Goggles - Wear eye protection whenever there is likelihood of splash, sprays and/or mists.
3. Masks - Wear masks whenever there is likelihood of production of respirable droplets, mists, splash or sprays.
   a. Surgical Mask - to be worn by inmate. Surgical masks are designed to prevent the respiratory secretions of the person wearing the mask from entering the air.
   b. HEPA also known as N95 Mask - to be worn by personnel. N95 mask provides filtration of particles including TB bacilli.
     All employees who wear respiratory protection for TB, including supervisors, are required to successfully complete a comprehensive "Respiratory Protection Training Program" which includes:
     1) A written examination to assess individual comprehension of basic principles of mask use, sanitation, maintenance and disposal.
     2) A N95 fit test to assure that their masks are sealed properly against their face. The staff of the County of San Diego Department of Environmental Health administers the training.
   c. Protective Barrier Membrane (PBM) Wear whenever administering CPR.

B. Shoe/Boot Cover/Fluid Resistant Material - See M.36, II, A, 1e.

C. Respiratory Precautions

1. Protective Barrier Membrane (PBM) - one-way valve mask and carrying case will be issued to each deputy and medical staff trained in the use of the pocket masks.
2. PBM will be carried at all times by personnel while on duty.

3. PBM shall be used only once and then disposed of and staff will be issued a new one.

4. To reduce the expulsion of droplet nuclei into the air, inmates suspected of having TB should wear surgical masks when not in TB isolation rooms.

The Medical Liaison Unit should be notified of any detention facility employee who has suspected or confirmed TB disease.

5. Long-term inmates infected with TB and confirmed by Medical Services Infection Control Supervising Nurse will be case managed until treatment has been completed.

6. Inmates suspected of having infectious TB disease should be placed immediately in a negative pressure isolation cell.

7. Inmates requiring respiratory isolation shall not be transported in a vehicle with other inmates. Environmental factors allowing, vehicle windows should be open and ventilation system utilized.

D. Standard Precautions

1. Blood and body fluid precautions shall be consistently used for all inmates by using appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.

2. If a glove is torn or punctured by a needle stick or accident, remove the damaged glove, wash your hands, and put on a new glove as promptly as inmate safety permits.

3. If gloves are potentially contaminated, remove immediately and prior to touching any uncontaminated surfaces, i.e. keyboards, telephones, door handles.

4. Gloves shall be removed by peeling them off "inside-out" to prevent any contaminated material from having contact with the skin. Used gloves and contaminated materials shall be disposed of in accordance with the Exposure Control Plan.

5. Hands shall be washed immediately after gloves are removed.

6. Hands and other skin surfaces shall be washed with soap and water immediately and thoroughly if contaminated by blood or body fluids. Mucous membrane exposures should be washed with water only.

7. All employees will take precautions to prevent injuries caused by needles and other sharp instruments or devices.

8. Sharp items shall be placed in puncture resistant containers for disposal.
9. Employees who have open wounds or breaks in the skin shall refrain from all direct handling of blood and body fluids until the condition resolves. Employees with open wounds or breaks in the skin shall thoroughly cover or bandage such wounds.

10. Pregnant staff should be especially familiar with and adhere to standard precautions to minimize risk of transmission of bloodborne diseases.

11. If an employee's clothing becomes contaminated with blood, body fluid or other potentially infectious materials, it should be carefully removed as soon as possible. Care needs to be exercised that the clothing does not contaminate other articles before it is laundered.

12. Sworn staff will conduct searches in the manner prescribed by department policy to minimize body fluid contact or cuts by sharp objects.

13. Disposable gloves will be worn once and immediately disposed of in an appropriate manner.

14. Disposable gloves should never be worn for extended periods of time.

15. Personnel wearing other types of gloves, such as leather gloves or heavy rubber gloves should wear disposable gloves over the other type of gloves.

E. Clothing - See M.36, Section II, A, 2.

F. Hand washing - See M.36, Section II, A, 3.

G. Cleaning and Decontaminating Spills of Blood and other Body Fluids - See M.36, Section III, A

H. Laundry - See M.36, Section III, A, 3.

IV. PART THREE: POST-EXPOSURE

A. Reporting Exposures - See M.36, Section IV

B. Exposure Follow-up

Post-exposure vaccinations and medical evaluations are available at no cost to all employees who had an exposure incident.

C. Record Keeping - see M.36, Section VI, A & B

References: Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005
MMWR 2005; 54 (No. RR-17)

*Guidelines for Environmental Infection Control in Health-Care Facilities* *MMWR* 2003; 52 (No. RR-10)
PURPOSE

To protect the right of privacy with respect to personal reproductive decisions of female inmates and provide quality medical care to those that are pregnant while in custody.

POLICY

Female inmates shall have the right to summon and receive the services of a physician in order to confirm pregnancy, continue the pregnancy or elect abortion. An inmate may also request to see their own physician at their own expense. Pregnant inmates are identified by the red striped paper insert on their wristband. All pregnant and lactating inmates shall be provided with information pertaining to prenatal health care, postpartum health care, childbirth education and infant care. An inmate known to be pregnant shall only be restrained as permitted by law. Breast pumps shall be available for lactating mothers.

PROCEDURE

I. INTAKE/MEDICAL SCREENING

A. When an inmate is suspected of being pregnant, the medical staff will administer an on-site pregnancy test.

1. If the test is negative and pregnancy is still suspected, the inmate shall be referred to a qualified healthcare provider for assessment/need for further testing.

2. Inmates testing positive shall be scheduled for the next provider's sick call to confirm pregnancy by examination. Inmates determined to be pregnant shall not be put through the x-ray or body scanner.

3. Inmates who claim to be pregnant and refuse to submit to a pregnancy test will be strip searched per Detention Policy and Procedure I.52 and placed on contraband watch per Detention Policy and Procedure J.8.

B. An inmate may request to be treated by their own physician (at their own expense) to determine continuation of pregnancy or elect abortion, pursuant to Detention Policy and Procedure M.11.

II. ADVISEMENTS

A. At the inmate's first clinic visit, the nurse will orally advise the inmate of the standards and policies governing pregnant inmates, including, but not limited to, the provisions of

DATE: OCTOBER 2, 2019
NUMBER: M.38
SUBJECT: PREGNANT INMATES
RELATED SECTIONS: CCR Title 15, Sec. 1206; PC 3405, 3407, 3423, 3424, 4023.6, 4028, 6030(e & f); L47; MSD.F.1
California Penal Code sections 3407 and 6030. Proof of such advisement will be noted in the inmate's health record.

B. Standards and policies governing pregnant inmates, including, but not limited to, the provisions of California Penal Code sections 3405, 4023.6 and 4028 shall be displayed as signs in the female intake and medical waiting areas.

III. TERMINATION OF PREGNANCY

A. An inmate who expresses a desire to terminate the pregnancy, or who would like counseling on the issue, shall be referred to Planned Parenthood for further information as to all options available to them.

B. Abortions may be approved following a determination of eligibility and at the expense of the County, pursuant to California Penal Code sections 3405 and 4028. It shall be the responsibility of medical staff to schedule the procedure.

C. Medical staff will coordinate transportation via the Prisoner Transportation Detail or facility staff. Upon return to the facility, the inmate shall be taken directly to the facility's dispensary for a follow-up evaluation.

IV. USE OF RESTRAINTS

A. An inmate known to be pregnant or in recovery after delivery shall not be restrained by the use of leg chains, waist chains or handcuffs behind the body. A pregnant inmate needing to be restrained shall only be handcuffed with their hands in front of the body.

B. A pregnant inmate in labor, during delivery or in recovery after delivery, shall not be restrained by the wrists, ankles or both (e.g., chained during transport to the hospital, chained to the bed during or after delivery, chained during transport back to the facility, etc.), unless deemed necessary for the safety and security of the inmate, staff or the public and approved by the medical professional who is currently responsible for the medical care of the pregnant inmate. Any such restraint based on safety and security needs must be based on an individualized assessment of the inmate's likelihood of escape, assault or self-harm.

1. If restraints are deemed necessary, deputies must inform the watch commander for approval. The watch commander will:

   a. Document the inmate's name, booking number and reason for restraints in the watch commander's log.

   b. Ensure an incident report, detailing the necessity for restraints, is written and entered into the Jail Information Management System (JIMS).

2. Restraints shall be removed as soon as practicable after the specific safety and security concerns that warranted the use of restraints are no longer present, or it appears to any observer that the continued use of the restraints will cause the inmate to suffer harm.
The restraints must also be removed if a medical professional who is currently responsible for the medical care of the pregnant inmate determines the removal of the restraints is medically necessary. Removal of restraints must be communicated to the watch commander. The watch commander will:

a. Determine if extra deputies are needed for safety and security.

b. Update the watch commander’s log, documenting the removal of restraints.

c. Ensure an incident report, detailing the necessity to remove restraints, is written and entered into JIMS.

C. An inmate who has given birth shall be considered to be, "in recovery," and therefore subject to the limitations on use of restraints as set forth in California Penal Code section 3407 and in this section, until such time the inmate is determined to be no longer, "in recovery," by the medical professional who is responsible for the inmate's medical care, and such determination has been noted in the inmate's health record.

Upon determination that the inmate is no longer, "in recovery," medical staff shall notify sworn staff so the red striped insert can be removed from the inmate's wristband.

V. LACTATING MOTHERS

The Las Colinas Detention and Reentry Facility shall outline, via a green sheet, procedures for use of breast pumps.
PURPOSE

To establish uniform procedures to identify, evaluate and house disabled inmates in the safest manner possible while ensuring the accommodation of major life activities.

POLICY

The department recognizes disabled inmates are entitled to the same rights, privileges, and services as other inmates of the same classification level per the Americans with Disabilities Act of 1990 (ADA). An inmate is covered by the ADA when the inmate has a permanent, temporary, or intermittent condition that impacts a major life activity.

Qualified inmates with disabilities shall not be excluded from participation in, denied the benefits of, or subjected to discrimination in any detention facility's services, programs, work assignments or activities, based on a disability. Each inmate identified as having a disability must be reasonably accommodated through some means.

**ADA DEFINITIONS**

Disability - An individual has a disability if there is a physical or mental impairment that substantially limits one or more major life activities. The ADA also recognizes individuals with a record of impairment, or individuals regarded as having an impairment, as meeting the definition of disabled. Generally, such individuals will not require special accommodations.

Physical Impairment- Includes, any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito urinary, hemic and lymphatic, skin and endocrine.

Mental Impairment - Includes any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities - Includes but not limited to such functions as caring for oneself, reading, communicating, performing manual tasks, walking, seeing, hearing, speaking, and thinking.

Caring for Oneself - Personal care such as toileting, dressing, bathing and feeding.

Cognitive Disability - A broad term to describe conditions affecting types of mental tasks such as problem solving, reading comprehension, attention, and/or remembering. A cognitive disability is not the same as a mental disorder.
Mental Disability - An individual who has a past medical record of, or regarded as having one or more mental disorders as defined in the American Psychiatric Association's Diagnostic Manual.

Blind - An individual whose visual acuity in their best eye has an acuity of 20/200 or worse and/or if their peripheral vision is less than 20 degrees.

Deaf - An individual who cannot readily understand spoken language through hearing alone and who may have a speech defect which renders them unintelligible to most normal hearing people.

Reasonable Accommodation - Any modification or adjustment that is effective in enabling an individual to perform the major life activities. Any change in the facility, policies, procedures, or the manner in which tasks are completed that enables a qualified individual with a disability to participate in and receive the same benefits from a program or service. Reasonable accommodation does not require fundamental alteration of the nature of a program or activity.

PROCEDURE

I. IDENTIFICATION AND SCREENING

A. The identification of an individual with a disability generally will occur during the intake or medical screening process. However, the identification of an individual with a disability can occur at any point during an inmate's incarceration (e.g. Jail Population Management Unit (JPMU) interview, outside agency, by the advisement of a family member, etc.).

B. Sheriff's medical staff will evaluate and determine if an inmate qualifies as 'disabled.'

C. All inmates who have been screened and determined to be disabled will be housed in a facility with the appropriate accommodations. Based on their disability, each inmate covered under the ADA must be reasonably accommodated through some means, such as but not limited to modified housing for wheelchair access, grab bars in bathrooms, shower chairs, closed-captioning on the television, interpreter services, telecommunications device for the deaf, assistive listening devices, magnification devices, large printed materials, braille materials. Medical screening staff shall enter medical instructions into the IMS module in the Jail Information Management System (JIMS). The shift charge nurse or designee will inform JPMU of the medical instructions that were entered in JIMS. They will also inform the Reentry Services Division (RSD) Manager or their designee via email with the names of those inmates who have an identified need for accommodations for adaptive or programming services.

D. A medical recommendation (e.g. “lower bunk,” “lower tier”) shall be initiated and entered into JIMS upon determination that the recommended instructions are necessary for the safety and/or welfare of a disabled inmate.

E. If sworn staff is unable to accommodate the aforementioned housing recommendations, medical staff shall be notified.
F. Re-evaluation of functional performance will be conducted by the registered nurses once a month for those inmates identified as having a temporary medical disability. A possible reassignment of housing unit and/or facility may be recommended.

II. ACCOMMODATIONS

Inmates requiring ADA accommodations will be assisted in receiving access to the following by either Medical Services Division (MSD) or RSD staff:

A. Medical services
B. Psychiatric services
C. Adaptive services to assist in participation in programs or services
D. Adaptive services to report to medical and/or sworn staff if they have been sexually assaulted.

III. REQUEST FOR ACCOMMODATIONS

A. A request for reasonable accommodation will be initiated by the individual, his or her family members, or outside agency.

B. A request for an assessment of accommodations will be forwarded to the MSD ADA case manager for review. Assessments can be completed by either a Registered Nurse or by a Physician. The findings and disposition will be documented in JIMS.

C. Requests will be acted upon within 72 hours

IV. ADA GRIEVANCE PROCEDURE

Grievances will be handled according to section N.1 Grievance Procedures and forwarded to an MSD supervisor or designee. All ADA related grievances will be forwarded to the MSD ADA case manager for processing.
PURPOSE

To ensure proper handling of medical and hazardous waste, as well as prevention and control of infection.

POLICY

Biomedical waste shall be contained in locked dumpsters. Biohazardous waste shall be disposed of in an approved lawful manner.

PROCEDURE

I. BIOMEDICAL WASTE

Biomedical Waste is any waste that is generated by or has been used in the diagnosis, treatment or immunization of human beings or animals, in research pertaining thereto, in the production or testing of biologicals, or which may contain infectious agents and may pose a substantial threat to health. Biomedical waste does not include biohazardous waste.

1. The deputy in charge of trash detail shall ensure that all biomedical waste is placed in a locked trash container.

2. A locked dumpster may be obtained by contacting the dumpster provider.

II. BIOHAZARDOUS WASTE

Biohazardous Waste materials are recognizable fluid blood elements and regulated body fluids, containers and articles contaminated with blood elements, or regulated body fluids that readily separate from the solid portion of the waste under ambient temperature and pressure. Regulated body fluids are blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluids, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, and any body fluid that is contaminated with blood.

1. The medical staff is responsible for the disposal of all Biohazardous Waste generated by the medical unit, which shall include but not limited to: needles, syringes, sharps, and/or red bag waste.

2. The medical staff may provide guidance to Sheriff’s non-medical personnel regarding appropriate cleaning and handling of Biohazardous waste in the facility.
3. Biohazardous waste shall be placed in a marked, locked container, in a specified, locked area.

III. BIOHAZARDOUS WASTE WARNING SIGNS

A. Biohazardous Waste signs shall be posted using the following language:

1. English, "Caution-Biohazardous waste storage area. Unauthorized persons keep out."

2. Spanish, "Cuidado-Zona de residuous (infectados) prohibida la entrada a personas no autorizadas."

B. Warning signs shall be readily legible during daylight from a distance of at least 25 feet.

IV. WASTE REMOVAL

A contracted Biohazardous waste hauler shall remove biohazardous waste from the premises. Sworn staff will control the access for removal. The driver of the specialized collection truck shall present a receipt to the deputy in charge of the secured area. The receipt shall be forwarded to the facility medical supervisor/designee.
PURPOSE

To establish guidelines for providing human immunodeficiency virus (HIV) testing and counseling.

POLICY

HIV poses a major threat to the public health and safety of anyone in direct contact with inmates afflicted with HIV. Testing for HIV shall be conducted within established procedures. Sheriff's Medical Services nursing staff will provide medically appropriate HIV pretest and posttest counseling to inmates pursuant to Health and Safety (H&S) Code Section 120262.

PROCEDURE

I. REFERRAL AND TESTING

A. HIV testing referral may be initiated by any of the following:

1. Inmate
2. Medical doctor, psychiatrist, nurse
3. Court order
4. Correctional counselor
5. Sheriff’s personnel pursuant to Penal Code (PC) 7500, PC 243.9, H&S 120261, 120262, 121050-70

B. HIV testing consists of a blood draw. Prior to procuring the specimen and pursuant to H&S 120262, the inmate will be offered medically appropriate counseling whether or not he or she consents to testing.

1. At the request of an inmate, HIV testing will be performed by a member of the Medical Services nursing staff. The inmate will be given information and afforded time to ask questions.

2. Except when required by law or court order, HIV testing shall be done on a voluntary basis. A reasonable effort shall be made to obtain consent.

   a. Court ordered and all other forensic HIV testing shall be conducted in accordance with Detention Policy and Procedure section I.95.

   b. This testing shall be completed no later than 48 hours following receipt of the court order.
c. Sheriff’s medical personnel will not participate in facilitating court ordered or other forensic HIV blood draws.

d. Contract forensic medical personnel will label the specimen and place the specimen in a brown paper bag. Sheriff’s Medical Services will ensure the sample is processed and routed to a contracted laboratory facility for processing.

II. RESULTS

A. Upon receipt of the HIV test result:

1. Medical Services nursing staff will provide the result to the inmate in a confidential manner.

2. All inmates having HIV positive results will be scheduled for MDSC.

3. Posttest counseling will be provided by Medical Services nursing staff.

4. If the inmate was released from custody and the result of HIV testing is negative, medical staff will forward the lab results to the Sheriff’s health information management (HIM) unit for imaging.

5. If the inmate was released from custody and results of HIV testing are positive, results shall be reported following the County’s reportable communicable disease protocol and using the intended reporting form specific to HIV. A notation on the report form will include a statement that the inmate was released from custody prior to his/her knowledge of positive results and will include the last known address and phone number of the individual.

B. Court ordered and all other forensic HIV test results:

1. In accordance with H&S 120261 and 120262, the Sheriff’s Chief Medical Officer or his designee may disclose, without consent, the HIV status of an inmate to whom an employee has had a significant exposure.

2. When requested, results shall be given to the court pursuant to PC 7500.

III. RELEASE OF INFORMATION

A. HIV information is protected by various state regulations which prohibit its release without the express written consent of the person to whom the information pertains.

B. All other requests for verbal and written reports on the HIV status of an inmate shall be referred to the Sheriff’s HIM Unit for processing and release.
PURPOSE

To provide guidelines for notifying the court of an inmate’s medical condition or inability to appear in court.

POLICY

The watch commander shall be responsible for making proper notifications to the court when an inmate is unavailable due to a medical emergency or medical treatment plan.

PROCEDURE

I. MEDICAL EMERGENCY

A. When an inmate is to be admitted to the hospital, the deputy shall notify the on duty watch commander. The watch commander shall notify the medical staff. Refer to DSB P&P section I.45 for inmate hospital admittance procedures.

B. The watch commander will review the inmate’s computer records and custody record for any conflicts between the inmate’s medical treatment and scheduled court appearances.

C. If any scheduling conflicts exist with a court appearance, the day shift watch commander will ensure the following occurs:

1. Notify the responsible sworn staff.

2. Notify the appropriate court facility as soon as possible. The initial contact will be made by phone, noting the individual notified and the time.

3. The medical staff will e-mail the Medical Court Report (J-222 form) to the on duty watch commander, followed by a phone call to confirm receipt.

4. The watch commander will forward the J-222 form to the on duty detention processing supervisor (DPS) and court deputy. The DPS will send the signed J-222 form electronically to the superior court contacts of the appropriate court jurisdiction. If the court appearance is scheduled in another court jurisdiction, the J-222 form will be electronically sent to the on duty DPS at the facility’s court jurisdiction. The DPS at that facility will forward the notice to the appropriate superior court contacts.
5. Once completed, make a notation in the watch commander's log of the court notification including the inmate’s name and booking number, the designated court and scheduled court appearance date.

6. A copy of the J-222 form will be placed in the inmate's custody record and a copy will be forwarded to medical services.

II. MEDICAL TREATMENT PLAN AND CONFLICT WITH SCHEDULED COURT APPEARANCE (S)

A. When an inmate has a prolonged medical treatment plan (i.e. dialysis, radiation treatment, chemotherapy, regularly scheduled clinic appointments, etc.) which may conflict with any court appearance(s), or condition that prohibits an inmate’s safe transportation and appearance in court (i.e. communicable disease, suicidal risk, etc.) , the medical staff will notify the watch commander and prepare the J-222 form.

B. The watch commander shall follow the procedures set forth in Sections I. B & C of this policy.

C. If a conflict with court exists, the facility watch commander will notify medical staff of:

1. The court’s intent to reschedule or send an Order to Produce for the date in question.

2. The newly scheduled court date to prevent future scheduling conflicts.

D. Isolation cells in which inmates about whom the court has been notified are housed shall be labeled with a “No Court” sign until they are medically cleared and/or the court sends an Order to Produce.

III. INMATES MEDICALLY CLEARED FOR COURT

Upon discharge from the hospital back to the detention facility or when the condition which has prevented an inmate from appearing in court is resolved, medical staff shall generate a J-222 form and the aforementioned process will again be followed.
PURPOSE

To create a secure system for the transfer of Diamond Pharmacy bulk medications between facilities; preventing delays to already prescribed medications for inmates being transferred between facilities.

POLICY

The Prisoner Transportation Detail (PTD) may transfer medications between detention facilities. Tracking and accountability for medications during transport and delivery is the responsibility of both medical and sworn staff.

PROCEDURE

I. MEDICATION TRANSFER BAGS

Locked, zippered bags labeled with serial numbers will be used to transport all medications between facilities. The medication transfer bag(s) must have a tag denoting where they originated from and where they are being transferred to. After being prepared for transport, the medication transfer bag(s) will be kept in locked boxes located in an area in each detention facility accessible to PTD deputies. Keys to the locked boxes will be retained by medical staff and PTD staff with an additional key kept at key control of each facility.

II. FACILITY ISSUING MEDICATION

The medical staff will place the medication being transferred in the medication transfer bag(s). The medication bag will be secured in the facility designated "RX Pick-Up Box."

III. TRANSPORTATION RESPONSIBILITIES

A. The transporting deputy will check the "RX Pick-Up Box" for medication transfer bag(s) for their corresponding route. PTD will log the pick-up of the medication transfer bag(s) and note the serial number of the bag(s) picked up. PTD deputies will only transport medication transfer bags placed inside the "RX Pick-Up Boxes."

B. Upon delivery, PTD will place the medication transfer bag(s) in the receiving facility's "RX Pick-Up Box." PTD will also make a log entry noting the medication transfer bag(s) and note the serial number of the bag(s) dropped off. Additionally, PTD will notify sworn staff responsible for receiving transfers (e.g. processing, out courts, etc.) of the medication transfer drop-off.
IV. FACILITY RECEIVING MEDICATION

Upon receiving notification of medication transfers arriving at the facility, sworn staff responsible for receiving transfers will notify medical staff. Medical staff will pick-up the medication transfer bag(s) from the designated "RX Pick-Up Box."

V. MEDICATION TRANSFER ACCOUNTABILITY

In the event any medications are found to be missing during inventory of the medication transfer bag(s), it will be the responsibility of the originating and receiving facility’s medical and pharmacy staff to resolve the issue.
PURPOSE

To establish guidelines for the compassionate release of inmates.

POLICY

Inmates with significant and/or life-threatening medical conditions may be released from Sheriff's custody to a medical facility or residential care facility if they are deemed to no longer be a threat to public safety per Government Code Sections 26605.5 and 26605.6. All requests for compassionate release consideration will be routed to a Detention Services Bureau (DSB) captain designated by DSB Command.

PROCEDURE

I. REQUEST/REVIEW PROCESS

A. To expedite the evaluation and approval process, an email chain will be started and used for all replies. It will include the following:

1. Area 1, 2 and 3 Commanders
2. Sheriff’s Chief Medical Officer (CMO)
3. Sheriff's Medical Services Administrator (MSA)
4. Inmate Processing Division (IPD) Manager and Assistant Manager
5. Facility Commander
6. Detention Support Captain

B. Medical Services Division (MSD)

1. The CMO will consult with an examining or treating physician. The physician may not be a county employee or someone under a preexisting contract with the County, but the physician may be one who provides medical services for a contractor of the County. The CMO and the physician will evaluate whether the inmate's condition is such that the inmate is incapable of causing harm to others upon or after release from custody, and unlikely to recover to the point where they can become capable of causing harm. The CMO will reply to the email with the following:

   a) The physician's diagnosis of the inmate's condition;
   b) The physician's prognosis for the inmate's recovery;
c) The CMO's summary and concurrence with diagnosis and prognosis.

2. The MSA will confirm the inmate will be released to a medical facility or a residential care facility. The name and address will be provided to all on the email chain.

C. Inmate Processing Division (IPD)

1. Will determine if other types of release are applicable.

2. If no other form of release is applicable, IPD will provide a summary of current charges, holds, court dates and sentence status, date of imposition, actual release date, name of sentencing judge or name of judge assigned the case, as well as any special notes or considerations.

II. APPROVAL PROCESS

A. The DSB captain designated by DSB Command will email the Assistant Sheriff a summary of the information gathered.

B. The Assistant Sheriff may authorize for an inmate who is no longer a threat to public safety and who suffers from significant and or life-threatening medical issues from which they are unlikely to recover, be released from Sheriff's custody.

1. If approved by the Assistant Sheriff, the designated captain will complete the notification letter to the presiding judge of the superior court. The letter will include:

   a) The inmate's name and current hospital location;
   b) The inmate's charges/sentence;
   c) The date of the sentence, if applicable;
   d) The physician's diagnosis of the inmate's condition;
   e) The physician's prognosis for the inmate's recovery;
   f) The CMO's summary and concurrence with diagnosis and prognosis;
   g) The name and address of the medical facility or residential care facility to which the inmate will be released;
   h) The telephone number at which the Assistant Sheriff may be reached;
   i) The intended date and time of release. The date and time will be calculated to allow the presiding judge sufficient time to communicate any concerns about the planned release. Unless circumstances do not permit, the letter will be delivered via email to the presiding judge at least six (6) business hours prior to the planned release.
2. During business hours the letter will be forwarded to the Assistant Sheriff for signature. After hours, the designated captain may sign on behalf of the Assistant Sheriff, if authorized.

III. LETTER PROCESSING/PRESIDING JUDGE NOTIFICATION

A. The signed notification letter will be sent electronically to the following:

1. Presiding judge
2. Assistant presiding judge
3. Supervising judge, Criminal Division
4. District attorney liaison
5. Court operations supervisor (specific to region)

B. During business hours, the Detention Support Division will be responsible for emailing the letter.

C. After hours and on weekends, the designated captain or designee will be responsible.

1. If the presiding judge replies and indicates no objection, the release process will move forward as indicated in the letter, or sooner if possible.

2. If the presiding judge indicates an objection or does not respond by the designated date and time to the planned release, the Assistant Sheriff will contact the Sheriff or Undersheriff, who will decide whether to proceed with or rescind the planned release.

3. If approved by the Sheriff or Undersheriff, the inmate will be released on the date and time specified in the letter (unless otherwise ordered by the Sheriff or Undersheriff).

IV. RELEASE OTHER THAN TO A MEDICAL/RESIDENTIAL TREATMENT FACILITY

A. If the inmate is to be released anywhere other than a medical facility or residential treatment facility, the same procedures as above will be followed, with the following modifications:

1. The CMO must additionally opine that the inmate has six (6) months or fewer to live.

2. The MSA must affirm the following:

   a. That the County has or will send mandated notifications to the State Department of Health Care Services and agree to bear certain costs. [See Government Code section 26605.6(c)(1)(A)]

   b. That the County must pay the non-federal share of Medi-Cal.
3. The letter to the presiding judge will replace any statutory references to Government Code section 26606.5 with references to Government Code section 26606.6, and replace the address of the medical or residential treatment facility with the address where the released inmate will reside upon release.